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FILED
2012 JUL 19 MMII: 34
SECKETARSEE, FLORIES

J. BRYAN

JUL 20 2012

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		,	
SUBJECT: MER	CCHANT B Name of Limit	CUSINGS MIN ed Liability Company	AMILL C.
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	超星 九
Please return all correspon	dence concerning this matter	to the following:	
	ROMES	Name of Person	Service Maria
		Firm/Company	
	2730 Sc	SRD AVE	501te 501
	MAMI	City/State and Zip Code Company Management of State and Tipe Code	9
	Rome SII	a MBAPAY o be used for future annual report notifica	(S' COM)
For further information co	ncerning this matter, please ca		,
Romes	S/ Person	at (<u>205)</u> 240 – Area Code & Daytime T	2716
	. • • • • • • • • • • • • • • • • • • •	, Coat & 2.4 ,	
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SECONDARY.	1912 JUL 19	~ 1
<u>L</u> L		#1.52.

MERCHANT BU.	SINESS MIAMI LLCOS is
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/Z0000 9</u> 2//	were filed on $07 - 16 - 12$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MERCHANT BUSINGS	5 ALLIANCE MAAMI WOO
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, enter the name of the new
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	Differ Florida Sireel address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	. GEORGE BOSINE	629 MADERIA A COTOL GAHOS P	V& □ Add 1. 33/34 Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter cl	nange(s) here: (Attach additional sheets,	if necessary.)
- - -			THE TAKE OF STATE OF
Dated	07-/6-/2.,	mber or authorized representative of a memb	
		FIE R. RASAKAR yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00