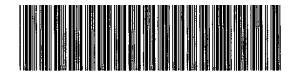
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TALLAHASSEE, FLORIDA

APPROVED

D. BRUCE NOV 14 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 37 NW765T MIAMI UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEL A MORIANO
Name of Person
Firm/Company
1100 NE .I.CT.
Address
HAUANDAUE. BEACH, FL 33009. City/State and Zip Code
C C - C - C - C - C - C - C - C - C
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
DANIEL A MORIANO at 305, 331 – 4251. Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ Cert

MAILING ADDRESS: 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

	City	, Florida Zip Code	
	Enter		
New Registered Office Address:	Futar	· Florida street address	
Name of New Registered Agent:			
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on ou ss here:	r records, enter the name of the	<u>new</u>
			 t;
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:		SS S	5 P2
		RET.	ברי
		C.E.	12
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		
Enter new principal offices address, if applicable:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	," the designation "LLC" or the abbrev	viation
A. If amending name, enter the new name of the limite	ed liability company here:		
-			
This amendment is submitted to amend the following:			
Florida document number L12000111132	÷		
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>0</u>	312912012 and assigned	1
(Name of the Limited Liability C (A Florida Lin	mited Liability Company)	on our records.	
Name of the Limited Liability C		on our records)	

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

Title	Name	Address		Type of Action	
MGRM	GERARDO M. GONZALEZ	1100 NE 1st Ct. Hellandale Seech, 3	#315	Add Remove	
MGRM	<u>CLAUDIA C.</u> BALI K	1100 NE 1st Ct. Hallandak Beach, 33009	# 315 Fl	Add Remove	
MGRM	GERARDO A. GONZALEZ	1/00 NE 15t Ct. 1 Hallandele Beach, 7 33 009	#315 -L	Add Remove	
				Add Remove	
				Add Remove	
				Add Remove	
D. If amendi	ing any other information, enter change			FIL 12 NOV 13 SECRETARY TALLAHASSE	
<u>C</u>	LANDIA C. BALLI	K $25 sha$	res		>
6	ERARDO A. GONZ	lalez 24 sho	ires_	_ ' ' ' ' ' ' '	50
\overline{D}	ANIEL A. MORI	ANO 1 Sho	ires	70/80 3181 0.1:1	ť.
Dated	tober 25th, 20	12. J			
	DANIEL	or authorized representative of a member $A\cdot MORIAMO$		•	
•		or printed name of signee			
		Page 2 of 2			

Filing Fee: \$25.00