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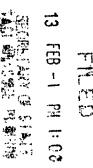
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COVER LETTER

TO: Registration Division of C			
SUBJECT:	VINAVER A	T U.L.C. ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corres	spondence concerning this matter t	to the following:	
	VAN	ESSA VINAS Name of Person	
	- VINY	AVERA L.L.C. Firm/Company	
	1348 WASH	TINGTON AVENUE #	= 251
		City/State and Zip Code	
	VANESSAVINK E-mail address: (to	AS @ MAC. (OM) be used for future annual report notificati	on)
For further information	n concerning this matter, please ca	all:	
VANESSA Nam	VINAS e of Person	at (<u>404)</u> <u>731 · 742</u> Area Code & Daytime Te	elephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	\$4\$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:

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

FILED

OF	13 FEB - 1 PM 1: 08
(Name of the Limited Liability Company (A Florida Limited Liability Company)	C. STEEL STREET
The Articles of Organization for this Limited Liability Company v Florida document number <u>L12000135921</u> .	vere filed on 10/24/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
ANDREW PRIMAVERA The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	(NO CHANGE ADDRESS SAME AS BO
(Principal office address MUST BE A STREET ADDRESS)	1348 WASHINGTON AVENUE # 251
	UIAMI BEACH, FL. 33139.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent: N/H	
New Registered Office Address: NIP	

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.

City

Enter Florida street address

Florida

Zip Code

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
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
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			Remove
			Add
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D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	(THESE DUCUMENTS ARE A REQUEST FUR
	CHANGE OF COMPANYS NAME ONLY, NOTHING
	EUSE)
	į –
Dated	January 28th, 2013.
	Signature of a member or authorized representative of a member
	A
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00