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SECRETARY OF STATE

B. BOSTICK
JUN 11 2013
EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: NEW SOROS 2 LLC

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:

# RAFAEL FERRER

Name of Person

## F&S PROJECTS CORP.

Firm/Company

1920 N COMMERCE PARKWAY, SUITE 1920-3

Address

WESTON, FL. 33326

City/State and Zip Code

#### CONTACT@FANDSPROJECTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL FERRER

\_\_\_954**、482.968**1

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:**

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

<b>NEW SOROS 2 LLC</b>	NEW	/ SOF	ROS 2	LLC
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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L13000018304	lity Company were filed on 02/05/201	3 and assigned
Florida document number	<del></del> •	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
<del>-</del>		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	-
		AL SE
		<b>≥</b> ≈ ⊆ <b>T</b>
		AHAS
Enter new mailing address, if applicable:		- SE
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		50 13
		) 
B. If amending the registered agent and/or	registered office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office	e address here:	
Name of New Registered Agent:	<u> </u>	
Navy Basistanad Office Address		
New Registered Office Address:	Enter Flori	da street address
-	City	, Florida
	Cuy	zip Coue

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	VELARDO, ANTONIO	3668 ARCTIC CIRCLE	Add
		NAPLES, FL. 34112	Remove
MGRM	ORSO GIORDI LOCATELLI	1920 N COMMERCE PARKWAY	_ 
		SUITE 1920-3	Remove
		WESTON, FL. 33326	_
			_
			Remove
		TALLAHASSEE, FL	Add Remove
	<u>.                                    </u>		Add © Remove
			Add Remove

if amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
o5/29/2013
All Confid.
Signature of a member or authorized representative of a member
ORSO GIORDI LOCATELLI
Typed or printed name of signee

Page 3 of 3

SECRETERY OF SECTION 18