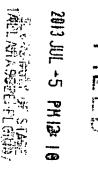
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAA HISPANIC LAX, 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:

HANDEE VALDERRAMA

Name of Person

OUALITY BUSINESS Solutions, LLC

Firm/Company

1229 Providence Blud. Suite Grant

Address

DELTONA FL 32725

City/State and Zip Code

Valderrama Business a yahoo, com

For further information concerning this matter, please call:

HAYDEE VALDE BLAMA at (386) 259-4971

Name of Person

Area Code & Davime 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

MGA HISPAN (Name of the Limited Lia (A Flo	Ability Company as it now appears on our reco orida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liabi Florida document number <u>L13000425</u>		and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."		nation "LCC" or the abbreviation
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)		
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
-		rida
	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

	PLEASE	REMOVED HARIAG. UPIBE AS	A	
	MGR	from the Corporation LLC		
				
i	July	1 <u>2013</u> .		
		Signature of a member or authorized representative of a member		_
		ADOLFO KEQUENA Typed or printed name of signee		
		Page 3 of 3		2813 JUL
		Filing Fee: \$25.00	MADE!	JUL -5
			見る。	趣玉

• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)