L13000115793

(Re	questor's Name)	
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SECRETARY OF STAFE
TALL ARASSES, FLORIDA

OCT - 4 2013 T. HAMPTON

COVER LETTER

Division of Co			
SUBJECT: AL EN	TERPRISE HAMG	, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jose C. Marrero,	Esq.	
		Name of Person	
	Law Office of Jose	C. Marrero P.A.	
		Firm/Company	
	1200 Brickell Aven	ue, No. 505	
		Address	
	Miami, FL 33131		
	in and Owner works well as	City/State and Zip Code	
	jose@marrerolav	V.COM o be used for future annual report notificati	ion)
For further information	concerning this matter, please c	all:	
Jose C. Marr	ero, Esq.	305 470-2030	
Name	of Person	Area Code & Daytime Te	elephone 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)
Regis Divis P.O. l	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AL ENTERPRISE HAMG, LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000115793</u> .	7.5
This amendment is submitted to amend the following:	ility company here:
A. If amending name, enter the new name of the limited liab	ility company here:
N/A	Om W
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:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
Training address MET BE AT OST OT TICE BOX	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Address Type of Action Title** <u>Name</u> Remove Remove Remove Remove Remove

The sole Mariay	ing Member's name was incorrectly
included with the	e filing as Hernan Chacon. The sole
Managing Mer	nber's correct name is:
Lope Hernan (Chacon Gutierrez
10/1	, <i>2013</i>
10/1	, <u>2013</u> .
10/1	Signature of a member or authorized representative of a member 5352 C. Marrero, Ess.

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