L13000/20803

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T. HAMPTON

COVER LETTER

TO: Registration Se Division of Cor			
_{SUBJECT:} Area	1 LLC		
SUBJECT:	Name of Limi	ted Liability Company	
		tu se en	
	Amendment and fee(s) are sub-	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Mar	tirena	
Name of Person			
	Area 1 LLC		
		Firm/Company	
	1401 Bay Ro	d #413	
		Address	
	Miami Beacl	h, FL 33139	
		City/State and Zip Code	
	martirena96@gma	III.COM to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Michael Martirena		561 _, 310-36	009
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n
F,O, B	OX 0341	Cinton bunding	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L13000120803 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the registered agent and/or the new registered office address here:	and assigned
Florida document number L13000120803 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the	and assigned
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B. If amending the registered agent and/or registered office address on our records, enter the	
B. If amending the registered agent and/or registered office address on our records, enter the	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	2
Name of New Registered Agent: Michael Martirena	name of the
New Registered Office Address: 1401 Bay Rd #413 Enter Florida street address	
Miami Beach , Florida 3313	<u>9</u>
City Z New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office defress, thereby donfirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action Lucy Martirena 15941 Canosa Ct. Secretary □ Add Wellington, FL 33414 **■** Remove Lucy Martirena AR 15941 Canosa Ct. □ Add Wellington, FL 33414 ■ Remove □ Add 201 Remover □ Remove □ Add □ Remove

D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
•	
	
E. Effective date, if other than the date of filir	ng:(optional)
(The effective date must be specific, cannot be prior to d the date this document is filed by the florida Department	late of receipt or filed date and cannot be more than 90 days after
Dated March 24	2014
Dated Milw John	.,
	member or authorized representative of a member
Michael Martirena	
	Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF BARTE