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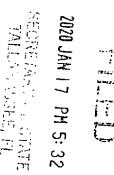
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: BARRERAS LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jorge Martinez
	Conners LCC.
	9112 SW 151 CT
	MIAMI, D. 33196
	City/State and Žip Code SWM 1242 age. Com. E-mail address: (tobe used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Sanc of Person at 305 Area Code Daytime Telephone Number
	ed is a check for the following amount: 5.00 Filing Fee \$\sigma \\$30.00 \text{ Filing Fee & Gertificate of Status} \square \ \text{Certified Copy (additional copy is enclosed)} \square \text{Certified Copy (additional copy is enclosed)} \square \text{Certified Copy (additional copy is enclosed)}

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited iability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number L1900272722 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: MIAMI . Florida 33196.

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
			Change
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			Remove?
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penal empeties a delaund of	fective date, but not an e	ffective time, at 12:01	a.m. on the earlier of:	(b) The 9	Oth day afte	er the
is filed.		www.				