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EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Mirror Develor	lopment, LLC Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted	for filing.	
Please return all correspondence concerning this ma	tter to the following:		
ALLA Ni Kellaicheva Name of Person			
MIRAY Development, LL	<u>C</u>		
801 Brickell Avenue, 3	wite 929	SUCCETAL SEP	
NUAMI, FL 33131 City/State and Zip Code		-8 My 9: 50 RRY OF STATE SSEE, FLORID	The C
alla @ miRAX development. ce E-mail address: (to be used for future annual report notification	<u> </u>	RET S	
For further information concerning this matter, please	se call:		
Alla Nikulaicheva at (3		N	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Number	
Enclosed is a check for the following amount	int:		
\$25 Filing Fee	\$55 Filing Fee & Certified C	Сору	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRAX Wellelepm	ient, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>M.08000002322</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "LimitL.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	1 suite 929 Miami FL 33/3/	LC" or the abbreviation
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	801 Brichell Ave Suite 929 Mani, FL 33/31	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street addr	ess
	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

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

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			□Add □Remove
	-		Add Remove
D. If ar	mending any other information, enter change(s)		
		E C	
Dated	08.30.2011	4-4	-
		authorized representative of a member	
	ALLA Nilleelaie	authorized representative of a member	<u>_</u>
	Typed or p	orinted name of signee	

Page 2 of 2

Filing Fee: \$25.00