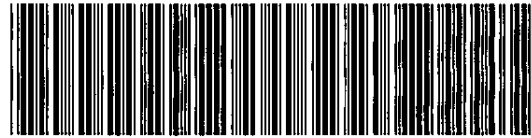


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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D. BRUCE
NOV 9 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA ESTANCIA MIRAMAR, 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:

Name of Person

EUGENIO DUARTE, P.A.

Firm/Company

999 PONCE DE LEON BLVD., SUITE 735

Address

CORAL GABLES, FL 33134

City/State and Zip Code

igms72@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUGENIO DUARTE, ESQ. at (**305**) **444-1958**

Name of Person Area Code & Daytime Telephone Number

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 TALLAHASSEE, FLORIDA

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**

LA ESTANCIA MIRAMAR, L.L.C.

(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 DEC. 18, 2003 and assigned Florida document number L03000054028.

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 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)

16311 MIRAMAR PARKWAY
MIRAMAR, FL 33027

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10 NOV - 8 PM 5 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

EUGENIO DUARTE, P.A.

New Registered Office Address:

999 PONCE DE LEON BLVD., SUITE 735

Enter Florida street address

CORAL GABLES

Florida

33134

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

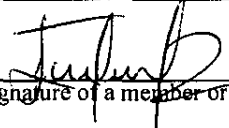
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Claudio Kojusner	4425 Ponce de Leon Blvd. Coral Gables, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gaston Kojusner	4425 Ponce de Leon Blvd. Coral Gables, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Fatima Ivonne Lopez de Orozco	16311 Miramar Parkway Miramar, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jose Gregorio Marquez Santana	16311 Miramar Parkway Miramar, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tori Pollo El Saman, C.A.	16311 Miramar Parkway Miramar, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 31, 2010



Signature of a member or authorized representative of a member

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA