

LO5000100452 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

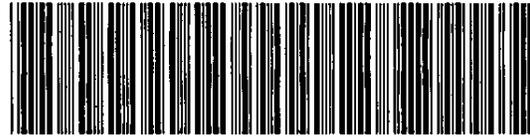
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300254389503

12/16/13--01021--008 **25.00

2013 DEC 16 PM 3:02
FALLASSE, MI DRPH

B. EASTICK

DEC 19 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAVICON UNLIMITED, 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:

Alicia Del Rey

Name of Person

Navicon Unlimited, LLC

Firm/Company

3309 N.W. 97 Ave

Address

Miami, FL 33172

City/State and Zip Code

ana@cervettalapham.com

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

For further information concerning this matter, please call:

Alicia Del Rey

Name of Person

305 592-7630

at ()

Area Code & Daytime Telephone 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)

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

RECEIVED
FALL 16 11 59 AM '02

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

NAVICON UNLIMITED, LLC

(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 10/10/2005 and assigned Florida document number L05000100452.

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)

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: _____

Enter Florida street address

_____, Florida _____

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> |
|--------------|--------------------|------------------|--|
| MGMR | Carlos Zanzottera | 3309 N.W. 97 Ave | <input type="checkbox"/> Add |
| | | Miami, FL 33172 | <input checked="" type="checkbox"/> Remove |
| MGRM | Gustavo Zanzottera | 3309 N.W. 97 Ave | <input type="checkbox"/> Add |
| | | Miami, FL 33172 | <input checked="" type="checkbox"/> Remove |
| MGR | Gustavo Zanzottera | 3309 N.W. 97 Ave | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33172 | <input type="checkbox"/> Remove |
| MGRM | Gabriel Yanez | 3309 N.W. 97 Ave | <input type="checkbox"/> Add |
| | | Miami, FL 33172 | <input checked="" type="checkbox"/> Remove |
| MGR | Gabriel Yanez | 3309 N.W. 97 Ave | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33172 | <input type="checkbox"/> Remove |
| MGR | Alicia Del Rey | 3309 N.W. 97 Ave | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33172 | <input type="checkbox"/> Remove |

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> |
|--------------|----------------------------|------------------|---|
| MGMR | NAVICON INTERNATIONAL, LLC | 3309 N.W. 97 Ave | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33172 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

FILED
FALLA
MAY 15 2011
TAMPA, FLORIDA

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

Dated 12/6/13, _____.



Signature of a member or authorized representative of a member
ALICIA DEL REY

Typed or printed name of signee

2013 DEC 16 PM 3:03
TALLAHASSEE COUNTY