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SECRETARY OF STATE

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J. SAULSBERRY EXAMMER

AUG 10 2011

### **COVER LETTER**

Division of Co	orporations			
SUBJECT:	FIG	GLIO LLC		
30B3EC1.	Name of Lim	ted Liability Company		
		,		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		ANGELICA BEHM		
		Name of Person		
	BEI	HM BROKERAGE, INC.		
	Firm/Company			
		1825 MAIN STREET		
		Address		
	WE	STON, FLORIDA 33326	ZOII AUG SECRETI TALLAHA	
City/State and Zip Code		ORE ORE		
	AB@E	BEHMBROKERAGE.COM to be used for future annual report notification)	7AR)	
For further information	concerning this matter, please		AUG -9 AM 8  RETARY OF ST  AHASSEE, FLO	
•			₩× ₩	
	GELICA BEHM of Person	at ( 954 ) 696-303  Area Code & Daytime Telephone		
Ivanic	Of Ferson	Area code & Bayanne Felephone	, ivanioci	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS:	STREET/COURIER ADDI Registration Section	RESS:	

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

Registration Section

TO:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIGLIC					
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)		_	
The Articles of Organization for this Limited L	were filed on	07/07/2011	and assigned			
Florida document numberL1100007	8501					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :			
	N/A					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Comp	any," the designation "L	LC" or t	he abbro	eviation
Enter new principal offices address, if appli	C/O BEHM	BROKERAGE INC	<u> </u>	-	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		1825 MAIN S	STREET	ASIA	5	
		WESTON, F	LORIDA 33326	RYD	<u> </u>	- <del>[</del> ]
Enter new mailing address, if applicable:	C/O BEHM E	BROKERAGE INC		AM 8:	Ö	
(Mailing address MAY BE A POST OFFICE BOX)		1825 MAIN S	STREET	DE.	ယ	
	WESTON, F	LORIDA 33326				
B. If amending the registered agent and registered agent and/or the new registered of	office address her		our records, <u>enter t</u>	<u>he nam</u>	e of th	<u>ne new</u>
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida street address				
		, Florida		Zip Code		
	City			Zip Coae -		

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:

MGRM = Managing Member **Address Type of Action** Title Title <u>Name</u> MGR Juan Esteban Bertolin C/O BEHM BROKERAGE INC. ✓ Add Remove 1825 MAIN STREET WESTON, FLORIDA 33326 Paula Antonela Bertolin MGR C/O BEHM BROKERAGE INC. ✓ Add Remove 1825 MAIN STREET WESTON, FLORIDA 33326 ☐ Add Remove Add Remove □Add Remove □Add Remove

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SECRETARY OF STA
LLAMASSEE, FLOR

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

Dated 08 05 2011

MGR = Manager

Signature of a member or authorized representative of a member

JUAN C. BERTOLIN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

## IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

001588.891515.0006.001 1 MB 0.390 532

' 45-2696400 Form: SS-4

Number of this notice: CP 575 B

Date of this notice: 07-12-2011 Employer Identification Number:

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

FIGLIO LLC RAFAEL RIBERO MBR 13 WHITEHEAD CIR WESTON FL 33326

001588

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-2696400. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2012

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. I (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

ZOII AUG -9 AM 8: 13
TALLAHASSEE, FLORIDA

2011 AUG -9 AM 8: 13 SECRETARY OF STATE

En nombre del Gobierno de la República Argentina, la autoridad que explde, el presente pasaporte, ruega y solicita a todos squellos a quienes puede concernir, dejen pasar libremente a su titular y prestarle la asistencia y protección necesaria.

The Government of the Republica Argentina, hereby requests all whom it may concern, to permit the bearer to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Em nome do Governo da Republica Argentina,

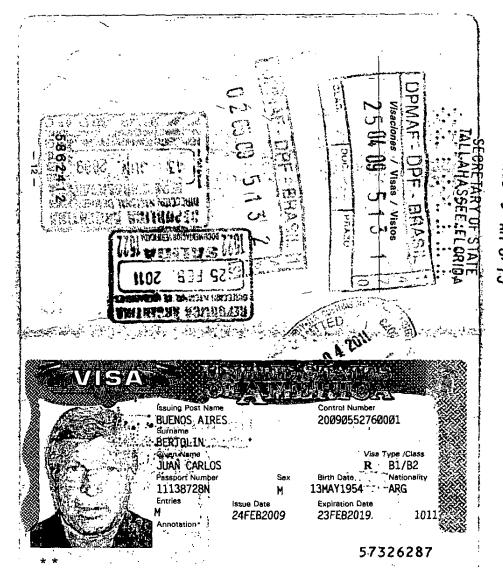
a autoridade que concede o presente passaporte, roga e solicita às autoridades compatentes, deixer passar livremente o tituler e prestar-lhe toda a assistancia e proteção necessária.

Au nom du Gouvernement de la Republique Argentine, l'autorité qui délivre le présent passaport, de laisser passer librement son titulaire et lui préter

l'assistance et la protection nécessaire.

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