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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : J.E. OYARCE & ASSOCIATES, PA
Account Number : I19990000186
Phone : (305) 324-2248
Fax Number : (305) 324-4959

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TLON LLC

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T. CLINE

MAY 29 2012

EXAMINER

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TLON 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:

JORGE E OYARCE
Name of Person
JE OYARCE & ASSOCIATES, PA
Firm/Company
199 SW 12TH AVENUE, SUITE 4
Address
MIAMI, FL 33130
City/State and Zip Code
JEOYARCE@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE E OYARCE at (305) 324-2248
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TLON 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 07-22-11 and assigned
Florida document number L11000084457

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:

3185 WASHINGTON STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33133

Enter new mailing address, if applicable:

3185 WASHINGTON STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33133

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:

ENRIQUE M ABAL

New Registered Office Address:

7901 SW 64TH AVENUE, #8

Enter Florida street address

SOUTH MIAMI

Florida

City

33143

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

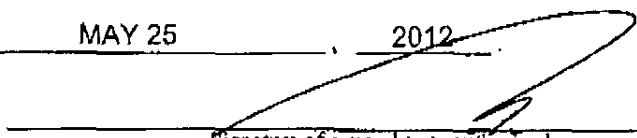
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	ENRIQUE M ABAL	7901 SW 64TH AVENUE #8 MIAMI, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	SERGIO F ALMAGO	AV. DIEGO DE ALMAGO N-30-118Y QUITO, QT 1000 EC	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	MARIANO LOPATA	BELGRANO 2060 BANFIELD DE ZAMORA BA 1828 AR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	BARBARA ROONEY	SAN LUIS 358 TURDERA, BA 1834 AR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	MIRTA G PAVONI	HIPOLITO YRIGOYEN 1723 LUIS GUILLON, BA, AR	<input type="checkbox"/> Add <input checked="" 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 MAY 25, 2012



Signature of a member or authorized representative of a member

ENRIQUE M ABAL

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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