L12000013646

Office Use Only



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B. BOSTICK

OCT 11 2012

EXAMINER

COVER LETTER

то:	Registration S Division of Co			
SUBJECT: WET 6			UFFALOS LLC	
5020		Name of Lim	ited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		RICARDO MANGIONE		
	Name of Persor.			
	WET BUFFALOS LLC			
	Firm/Company			
	12140 SW 99TH AVE			
				
	MIAMI FLORIDA 33176			÷ .
	City/State and Zip Code			12 00 .
	on)			
For fu	· O			
	DICAI	DO MANCIONE	700 44	34051
		RDO MANGIONE of Person	at (786) 41 Area Code & Daytime Te	34051
Enclos	sed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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		tration Section on of Corporations 30x 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VVEI BUFF. (Name of the Limited Liability Compa		ls.)	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document numberL12000013646	were filed onJanuary 30,2	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:	12140 SW 99TH AVE	<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33176		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori	da	
	City	zıp Соае	

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>	Type of Action
MGRM	Wilson Quiroga	12140 SW 99TH AVE Miami Florida 33176	Add Remove
			Add Remove
			Add Remove
			Add Remove
·			Remove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if	`necessary.)
			12 007
			7 0 A
Dated	July 30	2012	H: 59
	Signature of	a member or authorized representative of a member	•
		RICARDO MANGIONE Typed or printed name of signee	
		Typed of printed name of signee	

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Filing Fee: \$25.00