

L12000053354

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GUZMAN & GUZMAN, P.A.
Account Number : I20080000090
Phone : (305) 670-1991
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALUTOM LLC

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November 20, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALUTOM LLC
TURNBERRY PLAZA
2875 N.E. 191ST STREET, STE. 801
AVENTURA, FL 33180

SUBJECT: ALUTOM LLC
REF: L12000053354

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H13000255663
Letter Number: 513A00026789

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 NOV 20 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 13000255663 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALUTOM 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 04/19/2012 and assigned
Florida document number L12000053354

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)

PO BOX 452836

MIAMI FL, 33245

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: CONSTANZA BLOUSSON

New Registered Office Address: 2656 BRICKELL AVENUE

Enter Florida street address

MIAMI

City

Florida 33129

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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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

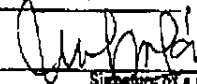
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BAUZA, MARIA A	6820 INDIAN CREEK DR	<input type="checkbox"/> Add
		#802	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33141	
MGR	CONSTANZA BLOUSSON	PO BOX 452836	<input checked="" type="checkbox"/> Add
		MIAMI FL, 33245	<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

SECRETARY OF STATE
 DIVISION OF CORPORATE
 ADMINISTRATION
 313 MONROE ST
 TALLAHASSEE, FL 32399-0001
 TEL: 904.487.2500
 FAX: 904.487.2501
 WWW.FLORIDA.GOV

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

Dated NOVEMBER 14 2013

x 
 Signature of a member or authorized representative of a member
BAUZA, MARIA A
 Typed or printed name of signee

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 SECRETARY OF STATE
 FALL ADMINISTRATION

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