

10/12/2010 14:45

3059911

RUEHN AND RUEHN PA

PAGE 01/05

10/12/2010

**L100000588230**

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H100002241183)))



H100002241183ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROTHMAN & TOBIN, P.A.

Account Number : 120000000031

Phone : (305) 895-3225

Fax Number : (305) 895-7175

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

Email Address:

mtobin@rothmanandtobin.com

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

**VITO PARTNERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

10 OCT 12 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 12 AM 9:04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**T. HAMPTON**

OCT 18 2010

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VITO PARTNERS, 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:

ALEXANDER SAEH  
Name of Person

Firm/Company

175 S.W. 7th Street #2115  
Address

MIAMI, FL 33130  
City/State and Zip Code

ASAEH @ FINZA MIAMI.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER SAEH  
Name of Person

at 305 495 8945  
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

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

VITO PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 12 AM 9:04

The Articles of Organization for this Limited Liability Company were filed on AUGUST 23, 2010 and assigned  
Florida document number L10000088230

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OTA

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**)

175 S.W 7<sup>th</sup> Street # 2115  
MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

175 S.W 7<sup>th</sup> Street # 2115  
MIAMI, FL 33130

**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

Title	Name	Address	Type of Action
MGRM	ROSANGELA TOLEDO	2889 McFARLANE RD # 1417 MIAMI, FL 33133	<input checked="" type="checkbox"/> Add <input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

OCTOBER 8 2010

Signature of a member or authorized representative of a member

ASDRUBAL VILLEGAS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 12 AM 8:04