

LD9 0000 30672

(Requestor's Name)

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(City/State/Zip/Phone #)

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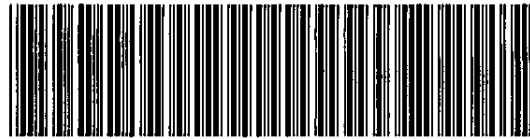
(Business Entity Name)

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EXAMINER

**IRA R. SHAPIRO, P.A.**

ATTORNEY AND COUNSELOR AT LAW  
BAYLEE EXECUTIVE CENTER • SUITE 225  
16375 NORTHEAST 18TH AVENUE  
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO

DADE: (305) 944-3936  
BROWARD: (954) 763-5801  
FACSIMILE: (305) 944-3345  
E-MAIL: irspa225@yahoo.com

December 2, 2011

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

Re: Las Moras LLC  
Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for Las Moras LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$10,000 the filing fee.

Sincerely,

  
IRA R. SHAPIRO

IRS/sma

Encl.

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CLERK OF STATE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Las Moras 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:

Ira R. Shapiro  
Name of Person

Ira R. Shapiro, P.A.  
Firm/Company

16375 NE 18th Avenue, Suite 225  
Address

North Miami Beach, FL 33162  
City/State and Zip Code

irspa225@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ira R. Shapiro at ( 305 ) 944-3936  
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**

Las Moras 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 March 30, 2009 and assigned  
Florida document number L09000030672.

This amendment is submitted to amend the following:

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

La Tua Chiave LLC

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)**

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TALLAHASSEE, FLORIDA

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roberto Gustavo Mori	3716 NE 168th Street, #307 North Miami Beach, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Carolina C. De Mori	3716 NE 168th Street, #307 North Miami Beach, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Carlos Ramon Provenzano	3716 NE 168th Street, #307 North Miami Beach, FL 33160	<input checked="" 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

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

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

Dated Dec. 2, 2011.

Signature of a member or authorized representative of a member

Roberto Gustavo Mori, Manager

Typed or printed name of signee