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B. BOSTICK

JUL 1 0 2012

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporation	ion orations
SUBJECT:	BOTE MITMI BOH UL  Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	FEDERICO OU JIERI Name of Person
	Firm/Company
	235 LINCOLN PD #310 Address
	MAMI BEAM FL 33139  City/State and Zip Code  6UVIERI. FEDER (COGGMAIL. COM  E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call:
Name of	at ( ) (6.27 0)  Person Area Code & Daytime Telephone Number
Enclosed is a check for the	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

BOTR MIT	MI 304 LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co. Florida document number	Company were filed on $10/28/09$ and assigned $11$ .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<del>2</del> 00 = 3		
(Principal office address MUST BE A STREET ADDR	RESS)		
Pater and mailing address if amiliables			
Enter new mailing address, if applicable:	——————————————————————————————————————		
(Mailing address MAY BE A POST OFFICE BOX)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter Florida street daaress		
	, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CLAUDIO CONSOLE	235 LINCOLN RD #310 MIAMI BEACH FL 33139	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necess	ary.)
		. '	12 JUL -9 FALLAMASSE
 Dated	JULY 3	2012)	AH 9: 17
		nember or authorized representative of a member  OCHOO OLIVIEN  Typed or printed name of signee	

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Filing Fee: \$25.00