

L09000030672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

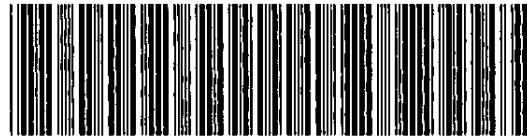
Special Instructions to Filing Officer:

A. LUNT

JUL 31 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

July 27, 2012

VIA FEDERAL EXPRESS 793838068053

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: La Tua Chiave LLC
Articles of Amendment
Our File No.: 3571.2

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for La Tua Chiave LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$30.00 for the filing fee.

Sincerely,


IRA R. SHAPIRO

IRS/sma
Encl.
scorp cardoner 72412.1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA TUA CHIAVE 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)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ira R. Shapiro

Name of Person

at (305)

944-3936

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**

LA TUA CHIAVE 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 December 5, 2011 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:

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

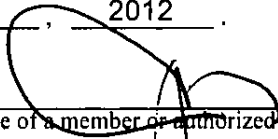
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Ramon Provenzano	3716 NE 168th Street, #307 North Miami Beach, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jeffrey Sloan	3716 NE 168th Street, #3207 North Miami Beach, FL 33160	<input checked="" 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 July 26, 2012



Signature of a member or authorized representative of a member
Roberto Gustavo Mori, Member

Typed or printed name of signee