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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Los Ramones 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 Cuffia

Name of Person

# Epicurean Homes Realty, LLC

Firm/Company

18170 Collins Ave

Address

# Sunny Isles Beach FL 33160

City/State and Zip Code

alex.cuffia@evusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Alexander Cuffia

<sup>,,954</sup> \**593-504**5

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)

THIS JUL IS PH I'VE

#### **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**

Los Ramones, LLC

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

(A)	riorida Limited Li	iability Company)		Post of
The Articles of Organization for this Limited Lia Florida document number <u>L10000065741</u>	bility Company	were filed on <u>06/18</u>	3/2010	and assigned
This amendment is submitted to amend the follow	wing:			The state of the s
A. If amending name, enter the new name of 1	the limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,	" the designation "LI	C" or the abbreviation
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	( <u>0X)</u>	<del></del>	les Blvd #1603 Beach FL 3316	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter th	e name of the new
Name of New Registered Agent:	Alejandro Costantino			
New Registered Office Address:				
	Enter Florida street address			
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered 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

Page 1 of 3

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name Address Mastropietro, Sergio 200 Sunny Isles Blvd #1602 **MGRM** Sunny Isles Beach FL 33160 Remove Sbarra, Jose MGR 200 Sunny Isles Blvd #1602 Sunny Isles Beach FL 33160 Remove 18170 Collins Ave Cuffia, Alexander MGR Sunny Isles Beach FL 33160 Remove Grande, Luis Adolfo 200 Sunny Isles Blvd #1602 MGRM Sunny Isles Beach FL 33160 Remove 200 Sunny Isles Blvd #1602 Fita, Ramon Nazareno MGRM Add Sunny Isles Beach FL 33160 Remove

If amending the Managers or Managing Members on our records, enter the title, name, and address

D. If amending any other information, ent	ter change(s) here: (Attach additional sheets,	if necessary.)
		# A
		- FEE # 1
		5
Dated July 1st,	, 2013	
	n Fr	ON THE
	a member or authorized representative of a memb	er
Alejandro Costantino		
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00