Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From:	AM 8: 06 CF STATE E FLORIDA	C

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : 120120000058
Phone : /305)438-7671

Phone : (305)438-7671 Fax Number : (866)895-8710

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

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02/21/14 03:48PM EST Right Way Multiservices Corp -> DIVISION OF CORPORATIONS 6383 Pg 2/4

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY TALLAHASSE	14 FEB 21	
m~	A	
) F STATE , FLORID	8: 05	

____AULETTA 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	04/30/2012	_ and assigned
Florida document number L12000057978			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ellity company he	erė:	
The new name must be distinguishable and end with the words "Lim"L,L,C."	lited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	20900 NE 3	OTH AVE STE 818	_
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA	, FL 33180	
Enter new mailing address, if applicable:	20900 NE 3	OTH AVE STE 818	
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA	, FL 33180	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter ti	ne name of the new
Name of New Registered Agent:		·	
New Registered Office Address:		<u> </u>	
	Er	nter Florida street addre	33
		, Florida	<u> </u>
	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 605, 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

MGR = Manager

If amending the Managers or Authorized Member on our records, anter the title, name, and address of each Manager or Anthorized Member being added or removed from our records:

ANIBK - A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	GALDUM HOLDINGS CORP	13501 SW 128TH STREET STE 20	2 Add
		MIAMI, FL 33186	Remove
MGR GRACIELA L GOMILIZARWANITZER	GRACIELA L GOMILA	20900 NE 30TH AVENUE SUITE 818	
	ZARWANITZER		Remove SECRETAL ALAS
		r	ARY OF STATE
			Add
· · · · · · · · · · · · · · · · · · ·			AddRemove
·			Add

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
E. Effect	tive date, if other than the date of filing: (optional) cotive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
	FEBRUARY 19 2014
	Olejandro A Zarwanitzer Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Olefordro A Zarmanitar. Typod or printed name of slades

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