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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: AINY LLC	ne of Limited Liability Company
	ine of Banaca Banaca Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
<u>050ac</u>	Gasta vido Name of Person
Any 1	LLC Firm/Company
79501	NW 53 5+ Stell8 Address
Micu	City/State and Zip Code Out 6) CICLS + COM address: (to be used for future annual report notification)
<u> </u>	address: (to be used for future annual report notification)
For further information concerning this matter,	please call:
OSCAL F. GASTZ Name of Person	at ($\frac{786}{\text{Area Code}}$) $\frac{515-8229}{\text{Daytime Telephone Number}}$
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fe Certificate of \$	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.}
The Articles of Organization for this Limited Liability Company were filed on $_$	31912009 and assigned
Florida document number <u>L090000</u> 37350	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<u>r</u>
The new name must be distinguishable and contain the words "Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	20 MAR
	IAR :
	9
Enter new mailing address, if applicable:	P
(Mailing address MAY BE A POST OFFICE BOX)	12.
	+
B. If amending the registered agent and/or registered office address on our rec	ords, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	a street address
	Florida Zip Code
City:	Zip Cinte
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this ca provisions of all statutes relative to the proper and complete performance of m	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde opremosed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Oscar Gastaulo	7950 nw535+ Stell8	= Add
	Oscar Gastaulo as Trustee of The Oscar Gastaulo nust, dated Ollolloodo	Miarni F1 33166	□Remove
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated
Signature of a member or authorized representative of a member
OSCAL GASTALGO Typed or printed name of signee

. . . .

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Filing Fee: \$25.00