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S. HAWKES

AUG 2 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJE	CT: _	THE	GENTILE			
				Name of Lin	nited Liability Company	
The encl	losed A	Articles of	f Amendment an	d fee(s) are s	ubmitted for filing.	
Please re	eturn a	ll corresp	ondence concerr	ing this matt	er to the following:	
				JUAN	CARLOS RIVERA Name of Person	
					Name of Person	
				THE E	ENTILE GROUP LLC	
					Firm/Company	
				5020 SV	N 156 AVENUE Address	
					Address	
			.1	MIAMI	FL 33196	
					FL 33/96 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			JC.	RIVERA	@ GRUPO GENTILE. COM (to be used for future annual report notifica	
				-mail address:	to be used for future annual report notification	tion)
For furth	ner info	ormation	concerning this i	natter, please	call:	
<u> </u>	an	ومعدد	S RIVERA	+	at (786) 376-1458 Area Code & Daytime T	<u> </u>
		Name	of Person		Area Code & Daytime T	Felephone Number
Enclosed	d is a c	heck for t	the following am	ount:		
\$ 25.0	00 Filii	ng Fee	\$30.00 Fil Certific	ing Fee & atte of Status	S55.00 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

THE GENTILE GRO			
(Name of the Limited Liability Com (A Florida Limite	<u>ipany as it now appear</u> ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comparing Florida document number <u>LO300038604</u> .	any were filed on1	0/09/2003	_ and assigned
This amendment is submitted to amend the following:			NG 2
A. If amending name, enter the new name of the limited li	iability company her	e: SSE	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Compa	ny," the designation "D	2) or #Gabbreviation
Enter new principal offices address, if applicable:	15020 S	M 156 AVENUE	<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)	MIAMI	FL 33196	
Enter new mailing address, if applicable:	15020 SV	u 156 auenus	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI	FL 33196	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on o nere:	ur records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street addres	SS
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

4

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, name, 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>	Address	Type of Action
MGRW	RODOLFO ACUNA	15020 SW 156 AUGNUE MIONI FL 33196	Add Remove
 -			Add Remove
			Add Reve
			6 20 M 12: 36
			Taen y Remove
			Add Remove
D. If amer	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	ary.)
_			
			
Dated		2010	
		iber or authorized tepresentative of a member	
		Ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00