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. (Ad	ldress)			
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10 SEP 27 PM 5: 03
SECRETARY OF STATE

D. BRUCE

SEP 28 2010

EXAMINER

COVER LETTER 3

TO: Registration Se Division of Cor			
SUBJECT:	MONTE D	DEI PASCHI, LLC	
SOBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	7	Ricardo Londono Name of Person	,
	ffulled for	Monte Dei	PASCHI, LL
		85 Coral Way, PH 401	
		Address	
		Miami, FL 33145	A A
		City/State and Zip Code	CA CA
	rlondor	no@adaag-consulting.com	HAS TA
For further information co	E-mail address: (to be used for future annual report notifica	SEE FLORIA
	rdo Londono		3/3 ext. 323
Name o	f Person	Area Code & Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

	MONTE DEI PASCHI, LL	.C			
(<u>Na</u>	me of the Limited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.) y)	 		
The Articles of Organization f	or this Limited Liability Company were filed on _	09/29/2004	and assigned		
Florida document number	L04000070918				
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 distingu "L.L.C."	ishable and end with the words "Limited Liability Cor	npany," the designation "L	LC" or the abbreviation		
Enter new principal offices a	nddress, if applicable:				
(Principal office address MU	ST BE A STREET ADDRESS)		- uni		
Enter new mailing address, (Mailing address MAY BE A	•		FILED 10 SEP 27 PH 5: 6 SECRETARY OF SIAT		
	ered agent and/or registered office address onew registered office address here:	n our records, enter	he name of the ne		
Name of New Regist	tered Agent:				
New Registered Offi		Enter Florida street add	ress		
		Enter r toriaa street aaaress			
	City	, Florida	Zip Code		
	J,				

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 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 Title <u>Name</u> **Address Type of Action** MGRM CINQUE TERRE TRUST ✓ Add ☐ Remove 628 ALEDO AVENUE CORAL GABLES, FL 33134 MGRM CINQUE TERRE, LLC 1385 CORAL WAY, PH 403 ☐ Add MIAMI, FL 33145 ✓ Remove ☐ Add Remove Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

KICHEDO

Filing Fee: \$25.00