

LD4000072225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

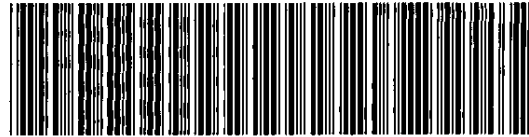
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 NOV 19 AM 11:58
TALLAHASSEE, FLORIDA
CLERK OF COURT

C. LEWIS
NOV 22 2010
EXAMINER

Arbolito Trading, LLC
755 Alamanda St.
Boca Raton, FL 33486

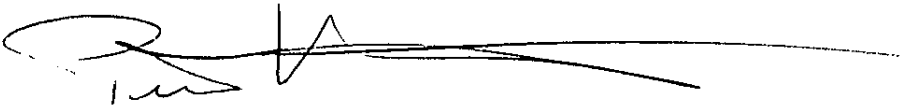
Tuesday, November 16, 2010

To the Florida Department of State, Division of Corporations

Please find enclosed the form to amend the Articles of Organization for Arbolito Trading LLC to add Allison Venditti as a Managing Member.

I would appreciate an acknowledgement after the amendment is filed sent to the address listed above. If you should have any questions, you may contact me at (561) 347-8415.

Thank You,

A handwritten signature in black ink, appearing to read 'Peter Venditti', with a long horizontal flourish extending to the right.

Peter Venditti
Manager

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Arbolito Trading 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:

Peter Venditti
Name of Person

Arbolito Trading LLC
Firm/Company

755 Alamanda St
Address

Boca Raton, FL 33486
City/State and Zip Code

pvenditti@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Venditti at (561) 809-7073
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2010 NOV 19 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Arbolito Trading 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 10/5/2004 and assigned
Florida document number L04000072225.

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 distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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 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

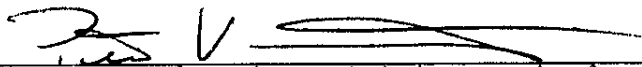
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Allison Venditti	755 Alamanda St Boca Raton, FI 33486	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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

PETER VENDITTI

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA