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TO: Registration S Division of Co				
SUBJECT:	U	NO, LLC		
		ited Liability Company		
	f Amendment and fee(s) are sulpondence concerning this matter	_	PILED BH 8: 15 TALLAHASSEE, FLORIDA	
		ANTONIO VARGAS		
	Name of Person			
	VARC	GAS, PIEDRA & CO., CI	•	
	9100 S DADEL	AND BLVD. #912 MIAN	II, FL 33156	
		MIAMI, FL 33156 City/State and Zip Code		
	TONY	@VARGASPIEDRA.CC	DM	
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report	notification)	
ANT	ONIO VARGAS	at (_305)	671-0003	
Name	of Person		ytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Section 1 (additional copy is enclosed) [Section 2 (additional copy is enclosed)]	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration So Division of Co Clifton Buildir	rporations ng e Center Circle	

ARTICLES OF AMENDMENT TO 'ARTICLES OF ORGANIZATION OF

UNO. LLC

(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number L0400082329	Company were filed on NOVE	MBER 15, 2004	
This amendment is submitted to amend the following	:	TED TED	
A. If amending name, enter the new name of the li	mited liability company here:	FLOS 8.	
		ORDE	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADd	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	istered office address on our l	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Flo rida	
	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 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>	Type of Action
MGRM	Katherine Teresa Clase	801 Brickell Key Blvd, # 907 Miami, FL 33131	Add Remove
<u>MGRM</u>	Jose Manuel Diaz	801 Brickell Key Blvd, # 907 Miami, FL 33131	✓ Add Remove
TREA.	Jose R. Clase	9100 S. DADELAND BLVD, #912 MIAMI, FL 33156	Add Remove
MGRM	Jose D. Clase		Add Remove
MGR_	Angel O. Rosario		Add ∕J Remove
MGR	Vittorio Dall'Omo		Add Remove
D. If amend		nange(s) here: (Attach additional sheets, if necessary.)
	•		
_			
Dated	, _	2	
	Signature of a med	mber or authorized representative of a member	
		Jose Manuel Diaz	
	T	vned or printed name of signed	

Page 2 of 2

Filing Fee: \$25.00