L05000041064

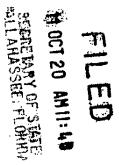
(Pa	questor's Name				
(Requestor's Name)					
. (Ad	dress)	<u> </u>			
(Address)					
V					
(0:1	101-1-17:-/01	· ·			
(Cit	y/State/Zip/Phone	9 #)			
	—	—			
☐ PICK-UP	WAIT	MAIL			
(Bu:	siness Entity Nar	ne)			
(Do	cument Number)				
(100)	Julilelit (vulliber)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to I	Eiling Officer				
Special Instructions to Filing Officer:					

Office Use Only



800213485888

10/20/11--01012--023 **25.00



J. BRYAN

OCT 21 2011

EXAMINER

COVER LETTER

Registration Section 5

TO:

Division of Co	orporations				
SUBJECT:	A.G. TERZETT	O INVESTMENTS LLC			
SUBJECT.		Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		ELENA MONIZ			
		Name of Person			
·		ELENA MONIZ PA	*****		
		Firm/Company			
18		331 PINES BLVD #149 Address			
		Audress	CT20 MINIS		
	PEM	BROKE PINES FL 33029 City/State and Zip Code			
	mo	oniz2807@hotmail.com			
Fan firmhan infamratian		to be used for future annual report notific	ation)		
ror luriner information	concerning this matter, please	caii:			
	ENA MONIZ of Person	at (754) 4 Area Code & Daytime	22-3722		
Nume	011013011	Alca Code at Daytime	гелерионе глатост		
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 enclosed)	S60.00 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/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEDZETTO INIVESTMENTS LLO

(Name of the Limite	d Liability Compa	ny as it now appea Liability Company)		
The Articles of Organization for this Limited		• • • • • • • • • • • • • • • • • • • •	04/27/2005	and assigned
Florida document numberL0500004	11064			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lial	bility company he	<u>re</u> :	
	N/A	•		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	any," the designation . 11	bC" the abbreviation
Enter new principal offices address, if applicable:		N/A		題名「
Principal office address MUST BE A STRE	ET ADDRESS)			篇 至 日
				3 5
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	E BOX)			
				
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter tl</u>	he name of the ne
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Er	iter Florida street addr	ress

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Type of Action** Title **Address** Name **MGRM DUBRASKA GONCALVES** 10749 NW 70th Ln Add Miami, FL 33(178___ ☐ Remove MGRM ABEL D GONCALVES 10749 NW 70th Ln ✓ Add Remove Miami_FL_33(178 ____ Remove ∏Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Listing of Members and Participation: Maribel Duarte de Goncalves: Ninety five percent participation (95%) Dubraska Goncalves: Two and half percent participation (2.5%) Abel D Goncalves: Two and half percent participation (2.5%) October 15 2011 Dated Signature of a member or authorized representative of a member Maribel Duarte de Goncalves

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee