**Division of Corporations** Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000080282 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

APR - 5 2009

**EXAMINER** 

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Fax Number

: (305)444-4977

## AMND/RESTATE/CORRECT OR M/MG RESIGN

I.q

TRESART, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

04/06/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

Apr 05 2009 23:06

ECES

**446444506** 

(((H09000080282)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TRESART, LLC					
(Name of the Limite	ed Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)			
The Articles of Organization for this Limited Liability Company were filed on 12/08/2005 and assigned  Florida document number L05000117421					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability compa	ny_here:			
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability	Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if appli	icable:				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u></u>				
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new			
Name of New Registered Agent:	ANTONIO DE LA GUARD				
New Registered Office Address:	520 W AVE APT 1201	-6 -6			
		(Enter Florida street address)			
•	MIAMI	Florida 33138			
New Registered Agent's Signature, if changing	(City) Registered Agent:	D Codes			
	proper and complete perforn ristered agent as provided for registered office address, I h	nance of my duties, and I am familiar with and in Chapter 608, F.S. Or, if this document is			

Page 1 of 2

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>	Name	Address	Type of Action
MGRM_	ALEJANDRO R SALSAMENDI	35 D VENETIAN WAY MIAMI BEACH, FL 33139	Add Remove .
·	:		Add Remove
	<u></u>		Add Remove
·	<del></del>	. , , , , , , , , , , , , , , , , , , ,	Add Remove
			Add Remove
•	•		Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if nec	essary.)
-			
	PD110 PV 23		
Dates re	Signature of a member	er or authorized representative of a momber	FIL  9 APR -6  SECRETARY LLAHASSI
	ALEJANO Typed	DRO R SALSAMENDI SR. or printed name of signee	mi 🗲 🚉
	•	Page 2 of 2	D 8: 45 STATE LORIDA