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2009 JUN 17 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUN 18 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEVIAL INTERNATIONAL 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:

JOSEPH F CABANAS

Name of Person

CABANAS & ASSOC PA

Firm/Company

10520 N.W. 26 STREET, SUITE C-201

Address

DORAL, FL. 33172

City/State and Zip Code

LOUMARC@AOL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSEPH F CABANAS

Name of Person

at (305)

513-3639

Area Code & Daytime 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 enclosed)

☐ \$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**

TEVIAL INTERNATIONAL 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 8/22/07 and assigned
Florida document number L07000086046.

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)

1901 HARBOR POINT CIRCLE

WESTON, FL. 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1901 HARBOR POINT CIRCLE

WESTON, FL. 33327

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TALLAHASSEE, FLORIDA

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:

CABANAS & ASSOCIATES PA

New Registered Office Address:

10520 N.W. 26 STREET, SUITE C-201

Enter Florida street address

DORAL

, Florida

33172

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.

[Signature]
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>
MGR	MICHELE SPORTIELLO	1901 HARBOR POINT CIRCLE WESTON, FL 33327	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> CHANGE
MGR	FANNY SPORTIELLO	1901 HARBOR POINT CIRCLE WESTON, FL 33327	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> CHANGE
MGR	ANTONIO L. SPORTIELLO	1901 HARBOR POINT CIRCLE WESTON, FL 33327	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> CHANGE
MGR	VERONICA SPORTIELLO	1901 HARBOR POINT CIRCLE WESTON, FL 33327	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> CHANGE
MGR	GUSTAVO BOCARANDA	10520 N.W. 26 STREET SUITE C-201 DORAL, FL 33172	<input checked="" 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.)

N/A

2009 JUN 17 AM 11:33
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

Dated JUNE 9, 2009

Signature of a member or authorized representative of a member

MICHELE SPORTIELLO

Typed or printed name of signee