

L07000102842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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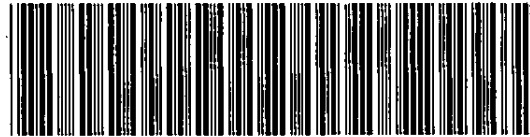
(Business Entity Name)

(Document Number)

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N. Culligan OCT 3 - 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROVEEDURIA TIUNA NORTH AMERICA, 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:

TAMMY PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

7005 W 17TH CT

Address

HIALEAH, FL 33014

City/State and Zip Code

TAMMYP@TABADESA.COM

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

For further information concerning this matter, please call:

TAMMY PEREZ

Name of Person

at ( 305 )

989-8776

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**

FILED:

12 OCT -2 AM 11:39

**PROVEEDURIA TIUNA NORTH AMERICA, LLC**  
(Name of the Limited Liability Company as it now appears on our records, Tallahassee, Florida)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/09/2007 and assigned Florida document number L07000102842.

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:

JUANES ACHKHANIAN

New Registered Office Address:

6075 NW 82ND AVENUE

*Enter Florida street address*

MIAMI

*City*

Florida

33166

*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

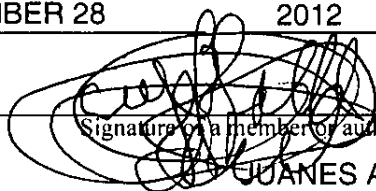
| <u>Title</u> | <u>Name</u>      | <u>Address</u>                         | <u>Type of Action</u>  |
|--------------|------------------|--|--|
| MGRM         | SELIN ACHKHANIAN | 6075 NW 82ND AVENUE<br>MIAMI, FL 33166 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | ANTONINO PAGANO  | 6075 NW 82ND AVENUE<br>MIAMI, FL 33166 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE FLORIDA

Dated SEPTEMBER 28 2012



Signature of a member or authorized representative of a member

JUANES ACHKHANIAN

Typed or printed name of signee