

LOS 000039499 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

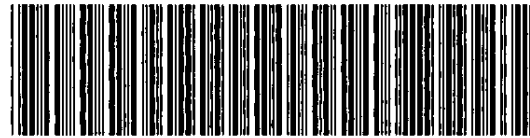
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

13 MAR 19 PM 1:54

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B. BOSTICK
MAR 20 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Latoro 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:

Aaron Swimmer

Name of Person

Swimmer Law Associates PA

Firm/Company

1680 Michigan Ave., Suite 1014

Address

Miami Beach FL 33139

City/State and Zip Code

als@SwimmerLawAssociates.com

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

For further information concerning this matter, please call:

Aaron Swimmer

Name of Person

305 535-0808

Area Code & Daytime Telephone Number

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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**

Latoro 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 04/21/2008 and assigned Florida document number L08000039499.

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)

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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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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	Pellicciotti, Antonio	8301 NW 197 Street	<input type="checkbox"/> Add
		Miami FL 33015	<input checked="" type="checkbox"/> Remove
MGR	Martiniello, Angelina	8301 NW 197 Street	<input type="checkbox"/> Add
		Miami FL 33015	<input checked="" type="checkbox"/> Remove
MGR	Pellicciotti, Consalvo	8301 NW 197 Street	<input type="checkbox"/> Add
		Miami FL 33015	<input checked="" type="checkbox"/> Remove
MGR	Pellicciotti, Laura	8301 NW 197 Street	<input type="checkbox"/> Add
		Miami FL 33015	<input checked="" type="checkbox"/> Remove
MGR	Pellicciotti, Roberto	8301 NW 197 Street	<input type="checkbox"/> Add
		Miami FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 ALLAHAMSSER.FLORIDA
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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:

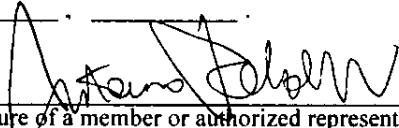
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pellicciotti, Antonino	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
MGR	Martiniello, Angelina	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
MGR	Pellicciotti, Consalvo	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
MGR	Pellicciotti, Laura	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
MGR	Pellicciotti, Roberto	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated **3/15/13**



Signature of a member or authorized representative of a member

Antonino Pellicciotti

Typed or printed name of signee

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Filing Fee: \$25.00

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