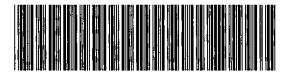
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

MESCOLATO, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Danilo Jimenez

305₉32-6262

Name of Person

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

MESCOLATO, LLC

WEGGGE/TTO, EEG			·
(Name of the Limited 1	<u>iability Company</u> Florida Limited Liab	as it now appears on our polity Company)	ecords.)
(A)	i iorida Ellilited Elat	omity Company)	E < ☆ ***
The Articles of Organization for this Limited Lia	bility Company w	ere filed on 06/09/2008	and assigned
Florida document number L08000056766			1 manua
This amendment is submitted to amend the follow	wing:		2 R F
A. If amending name, enter the new name of	the limited liabilit	ty company here:	39
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	B <u>OX)</u> .		
B. If amending the registered agent and/or registered agent and/or the new registered off		e address on our reco	ds, enter the name of the new
Name of New Registered Agent:	Daniel J. Ser	ber	
New Registered Office Address:	2875 NE 191	st Street, Suite 801	
		Enter Floria	la street address
	Aventura		Florida 33180
	4	City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager ^ MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address I	ype of Action
MGRM	TAWIL, ANDRES MOISES	1111 PARK CENTRE BLVD, SUITE 450	Add
		MIAMI GARDENS, FL 33169	Remove
MGRM	SASSOON, VICTOR J	1111 PARK CENTRE BLVD, SUITE 450	Add
		MIAMI GARDENS, FL 33169	Remove
MGR	S & A Company Management, LLC	2875 NE 191st Street, Suite 801	Add
		Aventura, FL. 33180	Remove
			Add
			Remove
		HAND SEE OF THE SEE OF	Add Add Remove
			Remove 4: O
			Remove

* '		
	•	
July 1st	2013	
S	ignature of a member or authorized representative of	a member
	per - Authorized representative of	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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