L08000087891

(Requestor's Name)	
(Address)	
(Address)	;
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	'
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: 789/707/364/672	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX

EXAMINER

COVER LETTER

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2008

WESLEY CASTELLANOS TITA ITALIAN IMPORT & EXPORT 1000 WEST AVENUE, SUITE 509 MIAMI BEACH, FL 33139

SUBJECT: TITA ITALIAN IMPORT & EXPORT LLC

Ref. Number: L08000087891

We have received your document for TITA ITALIAN IMPORT & EXPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

All of the changes can be done on one form, the amendment form. We have attached this form for your use. However, if you wish to file each one of these documents separately, you will need to pay a filing fee of \$25.00 for each one. You also submitted a document for "FOREIGN LIMITED LIABILITY AFFIDAVIT" this form is used for Foreign LLC's only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Document Specialist Supervisor

Letter Number: 508A00057124

Division of Communitions D.O. DOV 6997 (Pollaborate Florida 99914)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 ____________________________and assigned Florida document number L 0800008489 | 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: CASTELLANDS MGRM Name of New Registered Agent: 1000 WEST AVENUE, STE, 509 (Enter Florida street address) New Registered Office Address:

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)

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

Address Type of Action Title **Name** MGRM SABRINA ZAMPA MGRM WESLEY CASTELLANDOS 12900 S.W. 69 CT. PINE CREET, FL 33166 1000 WEST AVE, STE. 509 PRAdd MIRMI BEACH, FL 33139 PREMOVE Remove 🗖 Add Remove Remove 🗖 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MGR-TITA, NICOLO (NEW ADDRESS) 1000 WEST AVENUE-STE 509 MIROM BEACH, FL 33139 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00