

LO8000098102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

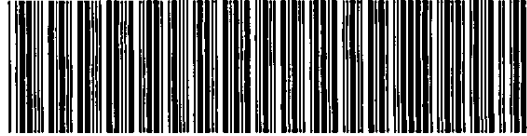
(Business Entity Name)

(Document Number)

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Amend

07/28/16--01012--002 \*\*25.00

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TALLAHASSEE, FLORIDA

AUG -1 2016

N. CAUSSEAU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ITAL INTERNATIONAL INVESTMENTS, 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:

JORGE GAVIRIA, ESQ.

Name of Person

JORGE GAVIRIA P.A.

Firm/Company

1395 BRICKELL AVE., 8TH FLOOR

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

JORGE@GAVIRIALEGAL.COM

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

For further information concerning this matter, please call:

JORGE GAVIRIA

305

666-8844

at ( )

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**

ITAL INTERNATIONAL INVESTMENTS, 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 OCT. 17, 2008

Florida document number L08000098102

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9851 NW 58 ST. SUITE 117

**(Principal office address MUST BE A STREET ADDRESS)**

DORAL, FLORIDA 33178

Enter new mailing address, if applicable:

9851 NW 58 ST.

**(Mailing address MAY BE A POST OFFICE BOX)**

SUITE 117

DORAL, FLORIDA 33178

**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:

JORGE GAVIRIA

New Registered Office Address:

1395 BRICKELL AVE. 8TH FLOOR

*Enter Florida street address*

MIAMI

*City*

Florida 33131

*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria Rosario Rodriguez Cabrera	9851 NW 58 st., No. 117	<input checked="" type="checkbox"/> Add
		Doral, Florida 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Golden Spruce Management LLC	2600 S Douglas Rd. No. 501	<input type="checkbox"/> Add
		Coral Gables, Fl. 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 JUL 28 PM 3:03  
 HALL COUNTY FLORIDA  
 CLERK OF SUPERIOR COURT

16 JUL 28 PM 2:03  
FBI STATE  
FALLASSS  
FLORIDA


16 JUL 28 PM 2:03  
OFFICE OF THE  
TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 7/20, 2016.

  
Signature of a member or a

Signature of a member or authorized representative of a member

Maria Rosario Rodriguez Cabrera

Typed or printed name of signee