

LD8000098590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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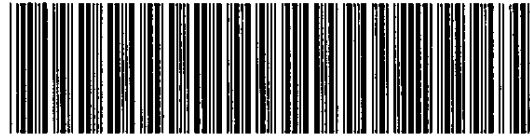
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 12 PM 3:22

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AUG 13 2013
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA MONTURA, 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:

MIGUEL R. LANUSSE

Name of Person

LA MONTURA, LLC

Firm/Company

444 BRICKELL AVE., SUITE 828

Address

MIAMI, FL 33131

City/State and Zip Code

fabio_alfonso@yahoo.com

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

For further information concerning this matter, please call:

FABIO ALFONSO

Name of Person

at **305 416-3040**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2013 AUG 12 PM 3:28
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LA MONTURA, 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 10/20/2008 and assigned
Florida document number L08000098590.

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:

LAW OFFICES OF JENIFFER SNYDER, P.A.

New Registered Office Address:

20801 BISCAYNE BLVD., SUITE 501

Enter Florida street address

MIAMI

Florida 33180

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	RICARDO A. LANUSSE	444 BRICKELL AVE., SUITE 828 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	IRENE ALICIA GARBER	444 BRICKELL AVE., SUITE 828 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JUANA GOLLETTI DE LANUSSE	444 BRICKELL AVE., SUITE 828 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2019 AUG 12 PM 3:42
CLERK OF STATE
TALLAHASSEE FLORIDA

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

Dated _____

AUGUST 7, 2013

Signature of a member or authorized representative of a member

MIGUEL R. LANUSSE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA