Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION,

Account Number : I20090000072 Phone : (954)356-2905 Fax Number : (954)337-8346

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.>
Email Address: PNNOW CONSTON CONS

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TONANTE, LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBTRAT

TONANTE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

WESTON CORPORATE ADMINISTRATION

Firm/Company

2225 N COMMERCE PKWY, STE 4

Address

WESTON, FL 33326

City/State and Zip Code

TEVANS@CPASWESTON.COM

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

For further information concerning this matter, please call:

JACQU**E**LINE RODRIGUEZ

,954**、389-0729**

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 2013 NOV -5 AM 84

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our imited Liability Company)	records.)
(A Florida I	imited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 11/24/200	08 and assigned
Florida document number L08000108797	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the	designation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		2kk 5 "!
(Principal office address MUST BE A STREET ADDR	(ESS)	Co E
		1 TO CO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	*	> N
B. If amending the registered agent and/or regist	tered office address on our rec	ards enter the name of the new
registered agent and/or the new registered office add		ords, the mane of the new
Name of Name Danishand Amount		
Name of New Registered Agent:		
New Registered Office Address:	מיז	11
	Enter Flor	ida street address
	City	_, Florida Zip Code
	Cuy	Elp Coak

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 3

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:

MGRM = Managing Member Title <u>Name</u> Address Type of Action 967 MARINA DRIVE MGR OLIVERA, ALEJANDRO J WESTON, FL 33327 Remove 967 MARINA DRIVE MELIAN, VERONICA MGR WESTON, FL 33327 Remove Q? Remove

Page 2 of 3

MGR = Manager

If amending any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
OCTOBER 28	2013 or
XI	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Marie Sam
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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