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Florida Department of State
Division of Corporations
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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: lvans@cpaweston.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TONANTE 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:

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)

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For further information concerning this matter, please call:

JACQUELINE RODRIGUEZ at (**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

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)

05-NOV-2013 10:21 From:CPAMESTON

413000245103 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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OLIVERA, ALEJANDRO J	967 MARINA DRIVE WESTON, FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MELIAN, VERONICA	967 MARINA DRIVE WESTON, FL 33327	<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
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER 28, 2013


Signature of a member or authorized representative of a member

Maria Szym
Typed or printed name of signer

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Filing Fee: \$25.00

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