

L08000110652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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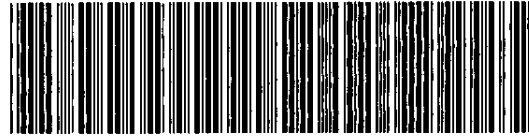
(Business Entity Name)

(Document Number)

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B. BOSTICK

DEC 12 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TEPINO HOLDINGS 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:

DEANNE FRIEDMAN

Name of Person

TEPINO HOLDINGS LLC

Firm/Company

4942 SOUTH LEJEUNE ROAD 204

Address

CORAL GABLES, FLORIDA 33133

City/State and Zip Code

DEE@TEPINO.COM

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

For further information concerning this matter, please call:

DEANNE FRIEDMAN

Name of Person

at (305)

725-8752

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

SECRET
TALLAHASSEE, FLORIDA

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FILED

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

TEPINO HOLDINGS 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 DECEMBER 2, 2008 and assigned
Florida document number L08000110652.

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)

4942 LE JEUNE ROAD 204

CORAL GABLES, FLORIDA 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4942 LE JEUNE ROAD 204

CORAL GABLES, FLORIDA 33146

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:

DEANNE FRIEDMAN

New Registered Office Address:

4942 LE JEUNE ROAD 204

Enter Florida street address

CORAL GABLES

Florida

33146

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.

Deanne Friedman
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>
MGRM	ROBIN BRAMSON	2001 BISCAYNE BLVD. 2607 MIAMI, FLORIDA 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DEANNE FRIEDMAN	4181 BONITA AVENUE MIAMI, FLORIDA 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TODD FRIEDMAN	4181 BONITA AVENUE MIAMI, FLORIDA 33133	<input checked="" 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

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

The records should reflect this change as of
January 1st, 2011.

Dated _____,

Signature of a member or authorized representative of a member

Typed or printed name of signee

Deanne Friedman
Deanne Friedman

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA