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דורבט

C. LEWIS

JUL 11 2012

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 249180

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 21, 2012

ORDER TIME : 9:43 AM

ORDER NO. : 249180-005

CUSTOMER NO: 7882547

## DOMESTIC AMENDMENT FILING

NAME: LAUTARO, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUL 10 AM 9: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1,	AUTARO, LLC	
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appear imited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L08000115673</u>	<u>.                                    </u>	•
This amendment is submitted to amend the following:	ne i godin i kondiçi ne pan nekramenne pok pok ni ki u u u vi u ki u vi ki o	e steam to the season with the
A. If amending name, <u>enter the new name of the limit</u>	ed liability company her	g:
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	ny," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new malling address, if applicable: Muiling address MAY BE A POST OFFICE BOX)	·	
B. If amouding the registered agent and/or registe registered agent and/or the new registered office addre	red office address on o	ur records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	·	
	(Enter Florida street address)	
	(City) , Florida(Zip Code)	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		

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 Manugers 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

Title	<u>Name</u>	Address	Type of Action
MGR	VIRGINIA GOMEZ	170 SAUTA BAMBANA WITH	Add
		37410 37410 37410	☑ Remove
<del></del>			□ Add □ Remove
			Remove
<del></del>			☐ Add ☐ Remove
····			Add Remove
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<b>D</b> . If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary,	)
-			
<del></del>			FILED  12 JUL 10 AM 9: 48  SECRETABLE OF STATE  FALL AND SEE, FLORIDA
Dated JUS	= 8 <sup>n</sup> t , 2018		ED ED
Dated _Quo		MA	ORDE STATE
-		r or authorized representative of a member	
	JULIO CUETO RUA, MANAGINO	G MEMBER  Tor printed name of signee	
	Турсь	To prince haine of signee	•

Page 2 of 2

Filing Fec: \$25.00