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EXAMINER



COVER LETTER

Division of Cor					
SUBJECT: Twosta	te Value manageme	ent LLC			
SUBJECT: TWOOLG		ited Liability Company)	, ,,' , ,, ,, , , , , , , , , , , , , ,	•	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Federico Olivieri			10 MAR 22 M 8: 16	
		(Name of Person)		善熟	
	twostate value maangement llc				
(Firm/Company)				子 Rep Oi	
	1500 Bay Road #246				
	1000 Buy Noud II 10	(Address)		6	
	Miami Beach				
		(City/State and Zip Code)			
For further information c	oncerning this matter, please c	all:			
Federico Olivieri		at (323) 3047145			
(Name of Person)		(Area Code & Daytime T	elephone Number)		
Enclosed is a check for the	ne 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 Sta Certified Copy (additional copy		
MAILING ADDRESS: Registration Section Division of Cornorations		STREET/COURIER Registration Section Division of Corporation			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 MAR 22 M 8: 16

Twostate Value Management 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 2/5/2009 and assigned Florida document number <u>L0900001</u>2182 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: New Registered Office Address: (Enter Florida street address) (City)

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
MGR	Federico Ferra	ando	1500 Bay Road 246S Miami Beach FL 33139	Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If a	mending any other inf	ormation, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
				_
Dated	3-17-200	2-		_
Daleu _		Signature of a member	or authorized representative of a member	
	F	ederico Olivieri		
		Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00