## 109000013857

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Ci)	u/State/7in/Dhan	- 40			
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do:	cument Number)				
(50	ournome realinos,				
Certified Copies	_ → ъCertificates	s.of Status			
Special Instructions to I	Filing Officer:				

Office Use Only

900161116369

09/30/09--01008--013 \*\*30.00

FILED

90 SEP 30 PH 12: 55

S. HAWKES

OCT - 1 2009

**EXAMINER** 

## **COVER LETTER**

TO.	Registration Section Division of Corporations						
SUBJECT: INMOBILIARIA UNIVERSAL TARU, LLC							
GUDGI			ited Liability Company				
The en	closed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please	return all corresp	pondence concerning this matte	r to the following:				
	ABRAHAM TAVEL						
	Name of Person						
	INMOBILIARIA UNIVERSAL TARU, LLC						
	Firm/Company						
	7000 ISLAND BLVD. UNIT 2908						
	Address						
		Δ	VENTURA, FL 33160				
			City/State and Zip Code				
	,	ATAVEL	.@DESPACHOTAVEL	COM			
	•	E-mail address: (	to be used for future annual repor	rt notification)			
For fur	ther information	concerning this matter, please	call:	•			
	ORLA	NDO GAMARRA	at ( 305 )	651-0497			
	<del> </del>	of Person		Daytime Telephone Number			
Enclose	ed is a check for	the following amount:					
<b>□</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
-	Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration S Division of C Clifton Build	Corporations ling ive Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited (A	Liability Compa	ny as it now appears	on our records.)			
The Articles of Organization for this Limited Li Florida document numberL09000013	ability Company			and assigned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here	;			
The new name must be distinguishable and end with "L.L.C."	n the words "Limi	ited Liability Compan	y," the designation "I	LC" or the abbreviatio		
Enter new principal offices address, if applicable:		7000 ISLAND BLVD. UNIT 2908				
(Principal office address MUST BE A STREE	AVENTURA, FL 33160					
Enter new mailing address, if applicable:	7000 ISLAND BLVD. UNIT 2908					
(Mailing address MAY BE A POST OFFICE 1	AVENTURA, FL 33160					
B. If amending the registered agent and/oregistered agent and/or the new registered off	ice address her	<u>e</u> :		he name of the nev		
Name of New Registered Agent:	GAMARRA & ASSOCIATES, LLC					
New Registered Office Address:	New Registered Office Address: 2999 NE 191 STREET SUITE 704  Enter Florida street address					
	A	VENTURA	, Florida	33180		
		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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 Title Name **Address** Type of Action Abraham Tavel Weitzner MGRM 7000 ISLAND BLVD, UNIT 2908 Remove AVENTURA, FL 33160 Betty Gelrud Vainstein MGRM 7000 ISLAND BLVD. UNIT 2908 AVENTURA, FL 33160 ☐ Remove MGRM Daniela Tavel Gelrud 7000 ISLAND BLVD, UNIT 2908 AVENTURA, FL 33160\_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ABRANAM T. WEFIZHER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00