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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN 2 4 2009

EXAMINER

COVER LETTER

TO:	tegistration Section Division of Corporations					
SUBJI	r: USITAL, LLC					
	Name of Limited Liability Company					
The en	sed Articles of Amendment and fee(s) are submitted for filing.					
Please	um all correspondence concerning this matter to the following:					
	Jorge Gaviria					
Name of Person						
Jorge Gaviria, P.A.						
Firm/Company						
	9769 S. Dixie Hwy, Suite 101					
	Address					
	Miami, Fl 33156					
	City/State and Zip Code					
	Laura@jgmiamilaw.com E-mail address: (to be used for future annual report notification)					
For fur	r information concerning this matter, please call:					
	Laura Montejo at (305) 666-8844 ext 8000 Name of Person Area Code & Daytime Telephone Number					
	And code to Daysino Pelephone Painted					
Enclos	is a check for the following amount:					
\$25	Filing Fee \$\ \begin{array}{c} \\$30.00 \text{ Filing Fee & } \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	sed)				

MAILING ADDRESS:

· 1

TO:

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

USITAL,			<u>.</u>	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now app ability Company	ears on our records.) y)		
The Articles of Organization for this Limited Liability Company v	were filed on _	MARCH 19, 2009	and assigned	
Florida document numberL09000026482			•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	iity company l	<u>here</u> :		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Con	npany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	·		SEC SEC	
		·		
Enter new mailing address, if applicable:			3 390	
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		n our récords, <u>enter th</u>	ne name of the new	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
•	Enter Florida street address			
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				

If Changing Registered Agent, Signature of New 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, 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>	Address	Type of Action				
MGRM	FRANCISCO M SURRENTINI	4557 NW 96 AVE., MIAMI, FL. 33178	Add Remove				
	· · · · · · · · · · · · · · · · · · ·		✓ Add ☐ Remove				
			Add Remove				
	 		Add Remove				
			Add Remove				
			Add Remove				
D. If am	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)					
	ARTICLE V IS HEREBY AMENDED	AS FOLLOWS: THE PERCENTAGE OF					
	MEMBERSHIP SHALL BE AS FOLL	OWS: Each member shall be a 25% mem	ipt				
	ARTICLE IX MANAGEMENT:						
	THE FOLLOWING MANAGER IS ADDED:						
	FRANCISCO M. SURRENTINI						
Dated			TILED ARY OF SIAI F CORPORATI				
Signature of a member or authorized representative of a member Univerto Surrentini Typed or brinted name of signee							

Page 2 of 2

Filing Fee: \$25.00