## L09000026827

(Requestor's Name)  (Address)  (Address)	900157384889
(City/State/Zip/Phone #)	06/23/0901065023 **25.00
(Business Entity Name)  (Document Number)	2009 JUN 23 SECRETARY TALLAHASSI
Certified Copies Certificates of Status	N23 PH I: I

A. LUNT

JUN 24 2009

**EXAMINER** 

Office Use Only

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	ITU	JSA, LLC			
<del></del>	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Jorge Gaviria			
	,	Name of Person			
		Jorge Gaviria, P.A.			
		Firm/Company			
9769 S. Dixie Hwy, Suite 101		2009 JUN 23 SECRETARY TALLAHASSE			
		Address		RETARA	٦
		Miami, Fl 33156		ARY SSE	
		City/State and Zip Code		PM 1: 17 Y OF STATE EE. FLORIDA	П
	La E mail address:	ura@jgmiamilaw.com to be used for future annual report notifica	ution)	PM 1: 17 DF STATE . FLORIDA	C
			mon)	DA DA	
For further information	concerning this matter, please of	call:			
	aura Montejo	#: \	844 ext 8000		
Name	of Person	Area Code & Daytime	Felephone Number	r	
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)	Certified	te of Status &	l)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability</u> (A Florida)	TUSA, LLC. y Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C Florida document number L09000026827	Company were filed on	MARCH 18, 2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDI	RESS)	SECO.	
Enter new mailing address, if applicable:		JUN 23 PAHASSEE,	
(Mailing address MAY BE A POST OFFICE BOX)		FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new	
Name of New Registered Agent:		<del> </del>	
New Registered Office Address:	En	ter Florida street address	
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registere	ed 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

K 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 SURRENTI	4557 NW 96 AVE., MIAMI, FL. 33178	Add Remove
————————————————————————————————————	<del>.</del>		✓ Add Remove
			Add Remove  SECRIAL Add Ref Ref Add Ref Ref SECRIAL Add Ref SE
	-		Add
D. If an	nending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	Remove
		D AS FOLLOWS: THE PERCENTAGE OF	
	MEMBERSHIP SHALL BE AS FOL	LOWS: Each member shall be a 25% mem	
	ARTICLE IX MANAGEMENT:		
	THE FOLLOWING MANAGER IS	ADDED:	<u> </u>
	FRANCISCO M. SURRENTINI		
Dated _			
	<u>-</u>	per or authorized representative of a member	
	Тур	Umbert Surrentini ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00