L09000027193

(Requestor's Name)
(Address)
` ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
/D
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,



05/18/09--01026--001 **25.00

O9 HAY 18 PH 12: 46

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARTINI TWENTY EIGHT LLC
Name of Isimited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Martin Villaconta
MANTINI TWENTY RIGHT LLC Firm/Company
Firm/Company
146 SE 1st Avenue
Miami Fl. 3313/
City/State and Zip Code Mantulla conta @ AUL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mantin Villaconta at (973, 289-4150) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

MARIIN	i /we.	NIU E	9M	440	<u>/ </u>		
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now ar Liability Compa	pears on our ny)	r records.)	<u> </u>		
The Articles of Organization for this Limited Liz Florida document number <u>LO9000</u>	ability Company				<u>9</u> and as	signed	
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	oility company	here:				
Martiwi 28 The new name must be distinguishable and end with	LLC						
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Co	mpany," the	designation "	LLC" or the	abbrevi	ation
"L.L.C."					TAT	9	
Enter new principal offices address, if applica	ıble:				<u> </u>	¥-	
(Principal office address MUST BE A STREE)	<u> (ADDRESS)</u>				AHASS		- Taran
					SSE	8	- 3 l
					EQ.	PH 12:	Section 1
Enter new mailing address, if applicable:						2: +6	
(Mailing address MAY BE A POST OFFICE L	<u>3<i>0X</i>)</u>				70 P	5	
B. If amending the registered agent and/o registered agent and/or the new registered off	iice address her	<u>'e</u> :					
Name of New Registered Agent:		Antivi	VillA	corta			_
New Registered Office Address:	146	SE /	T Av	enue			
		Miami	Enter Flori	ida street add , Florida,	tress 33/3/	,	_
		City			Zip C'ode	е	

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

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 **Type of Action** Title Address Cristotalo, MARIA 125/0 NW // LANE MIAM; Fd. 33182 □ Add Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated Signature of a member or authorized representative of a member MANTIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00