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K.SALY EXAMINER OCT 14 2013

τo:

TO:	Registration Section Division of Corporations
SUBJE	It's ATOSS Up, UC
	Name of Limited Liability Company
	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jorge Caudio Carbaja
	THSATOSSUP, WC D.B.A. GICY divo Cournet Salad
	5187 NW 7th Gt.
	Many 2 33/26
	E-mail address: (to be used for future unnual report notification)
For fur	her information concerning this matter, please call:
\leq	Torge C. Carbajal a1,305,-879-4759
	Name of Person Area Code & Daytime Telephone Number
	and the first of the control of the
Enclose	ed is a check for the following amount:
\$25	O0 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
,	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

RTICLES OF AMENDMENT [1944]

ARTICLES OF ORGANIZATION OF (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 Florida document number 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:

Enter Florida street ad	
New Registered Office Address:	Idrass

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 ≈ Mana MGRM = Ma	ger naging Member	\$. *	
Title MGQM	Alexander Tryillo	Address 8757 5W 76 st Miami, F1 33173	Type of Action Add Remove
MGRM	Javen Marbajal	11845 SW 100st Miami, Pl 33/86	Add Remove
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated	· · · · · · · · · · · · · · · · · · ·
	- hom dense
	Signature of a member of authorized representative of a member
	Typed or printed name of signee U

Page 3 of 3

Filing Fee: \$25.00