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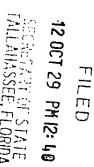
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COVER LETTER

TO: Registration Sect Division of Corpo			••••••••••••••••••••••••••••••••••••••
SUBJECT:	Name of Limit	BOUT LAUE ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	MARCO	BELF LOFE Name of Person	
		Firm/Company	
	<u> 130 3</u>	ST # 105 Address	·
	MIAMI	FL 33139 City/State and Zip Code	
	E-mail address: (t	CLFIORE OTHER o be used for future annual report notificat	
For further information cor	ncerning this matter, please c	all:	,
Name of Person		at () Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:		
	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF ORGANIZATION FILED 12 OCT 29 PH 12: 40 (Name of the Limited Liability Company as it now appears on our records) AHASSEE, FLORIDA.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/6/09

Florida document number 10900043.778 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: Name of New Registered Agent: New Registered Office Address: 1HAMI BEACH, Florida 33139

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 Title <u>Address</u> **Type of Action** Name Mar FERERICO LONTA □ Add *Remove MARCO VINCENZO BELFIORE ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated CTOBOR 22 Signature of a member of authorized representative of a member or printed name of signee

Filing Fee: \$25.00

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