"L09000046758

(Re	equestor's Name)	
(1.0	Addition o Hailio)	
(Ad	Idress)	
<i>(</i>	,	
(Ac	ldress)	
Ų 10	, arcos,	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<u>.</u>	
	A. L	UNT
	DEC -	ë 2011

700214855307

12/05/11--01023--008 **25.00



Office Use Only

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations Division of Corporations
SUBJECT: TSKEPE MUEST U.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TIMO ROSSISTO Name of Person
FISKOPE INVEST LLC.
120 HE 27th STREET SUITE SOO SAN J. F.
MINNI FL 33137. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 355 3849 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

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

ISKAPE MUES	ST LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900046758</u> .	were filed on $05/13/209$ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LEC" or the abbreviation
Enter new principal offices address, if applicable:	120 HE 27th STIEFT
(Principal office address MUST BE A STREET ADDRESS)	SUITE 500
	MIDMI, FL, 33137
Enter new mailing address, if applicable:	120 HE Z7TH STREET
(Mailing address MAY BE A POST OFFICE BOX)	SUME 500
	MILMI, FL 33137
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the 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:

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 <u>Title</u> **Name** Address Type of Action AXIS ORGENIZION INC Remove ☐ Add Remove Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

FIDUIO ROSSATO.

Dated MOUEMBER 30,

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00