## 006266 Tot Discsion of Corporations orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

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2 i 1	Address:			
LLALL	AUGITEDA:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UTT MANAGEMENT, LLC

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H09056-50294

## ARTICLES OF AMENDMENT9 DEC -9 AM 8: 42 ARTICLES OF ORGANIZATION RETARY OF STATE TALLAHASSEE, FLORIDA

	UTT MANAGE	MENT, LLC		
(Name of the	Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)	<del></del>
The Articles of Organization for this Li	mited Liability Company			and assigned
From the decomple number				
This amendment is submitted to amend	the following:			
A. If amending came, gater the new	name of the limited liabil	lity company bere	ş.	
				_
The new name must be distinguishable and "L.L.C."	l and with the words "Limit	ed Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, it	fapplicable:	·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A.	STREET ADDRESS)			
Enter new mailing address, if applica	ble:			
(Mailing address MAY BE A POST OF	FFICE BOX)			
•				
B. If amending the registered ager registered agent and/or the new registered			ır records, <u>enter tl</u>	ic name of the new
Name of New Registered Age	<u></u>			
New Registered Office Address	<u></u>			
		Ente	r Florida street addr	ess
		0.	, Florida	
		City		Zip Code
New Registered Agent's Signature, if the	anging 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 August

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## H09000255294

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	Name	Address	Type of Action
MGR	Javier Cividini	2050 Coral Way, Suite 402 Miaml, Florida 33145	Add Remove
<del></del>			☐ Add ☐ Remove
,			Add Remove
	•		Add Remove
· · · · ·			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	09 DEC
			09 DEC -9 AM 8: 42 SEUTI IARY OF STATE TALLAHASSEE, FLORID
	December 9 // //2009		DRIDA PRIDA
Dated	Attolo	anthorned appresentative of a member	
	Hector Rolotti	annot ton tehroseticities or a metitoes	
_	Typed or	printed name of signee	<del></del>

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Filing Fee: \$25.00

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