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GUTTENMACHER & BOHATCH, P.A.

ATTORNEYS AT LAW

JOHN S. BOHÀTCH EDWARD P. GUTTENMACHER KATALINA PEÑARANDA ERIC SATIN*

PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

*LL.M. TAXATION

WEALTH PLANNING &
TRANSACTIONAL ALLIANCE
WITH ADAMS GALLINAR, P.A.

730I SOUTHWEST 577H COURT SUITE 560 SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040 TELEFAX (305) 666-1020 E-MAIL Law@GBTaxLaw.com KEY WEST OFFICE

GULFVIEW POINTE 2647 GULFVIEW DRIVE KEY WEST, FLÓRIDA 33040

TELEPHONE (305) 294-1521 TELEFAX (305) 292-4016

PLEASE REPLY TO

August 16, 2010

<u>Via Certified Mail—</u> <u>Return Receipt Requested</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: LETTINA, LLC

To Whom It May Concern:

Enclosed please find the Articles of Amendment to the Articles of Organization of Lettina, LLC, along with a check in the amount of \$25.00 representing the filing fee. Once filed, please send a file-stamped copy to us in the self-addressed envelope provided.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER & BOHATCH, P.A.

KATALINA PEÑARANDA, ESQ

KP/sr Enclosure

COVER LETTER

то:	Registration Se Division of Cor	ection porations		ı	
SUBJE	CCT:	LET	TINA, LLC		
			ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	•	
Please i	return all correspo	ondence concerning this matter	to the following:		
JC			HN S. BOHATCH, ES	Q	
	•		Name of Person		
		GUTTEN	MACHER & BOHATO	H, P.A.	
			Firm/Company		
		7301 S\	W 57TH COURT, SUIT	E 560	
			Address		
		SOUT	H MIAMI, FLORIDA 3	3143	
			City/State and Zip Code		
LAW@GBTAXLAW.COM E-mail address: (to be used for future annual report notification)					
For furt	her information c	oncerning this matter, please o	call:		
JOHN S. BOHATCH, ESQ. Name of Person			at (305) Area Code &	666-1040 Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registration	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LETTINA	۱, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company		08/07/2009	and assi	anad
1.00000.700.40	were med on	00/01/2.003	and assi	gneu
Florida document numberL09000073340		•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here	2:		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Compar	ny," the designation "L	LC" or the a	bbreviation
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 offi registered agent and/or the new registered office address here		ur records, <u>enter tl</u>	ie name of	f the new
			4	
Name of New Registered Agent:				
New Registered Office Address:			AUG.	
	Ente	er Florida street adår	م فنځ	(lecture)
	City	, Florida	2ip Cade	
New Registered Agent's Signature, if changing Registered Agent:	City		56. 56	
		2	<u> </u>	

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 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:

121 77 7

MGR = Manager MGRM = Managing Member

<u>.</u> Title	<u>Name</u>	Address	Type of Action
MGR_	MARIA VICTORIA RIVAS	6601 SW 71 AVENUE MIAMI, FLORIDA 33143	✓ Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.)
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_ _	11 Mont 201	» / /// / / ·	
Dated		Tillufalafa	
	•	er or authorized representative of a member	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00