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EXAMINER



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SECRETARY OF SHALL DIVISION OF CORPORATION

COVER LETTER

Division of Co	rporations					
SUBJECT:	Sa	lvetti, LLC				
30B0EC1.		ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
			•			
		Antonio L Roca				
		Name of Person				
	Roca Gonzalez, PA					
		Firm/Company				
	2601 So	uth Bayshore Drive, Suite 600	ו			
		Address				
	Miami, FL 33133					
		City/State and Zip Code				
	17 11 13	aroca@rgpa.com (to be used for future annual report notifica				
	E-mail address:	to be used for future annual report notifica	tion)			
For further information	concerning this matter, please	call:				
۸ -	stania I Daga	205 9	EO 60E0			
	ntonio L Roca	at (305) 8: Area Code & Daytime 7	59-6050 Felenhone Number			
*			·			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,			
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
		((additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section =

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

DIVISION TARKET PHONE OF STATE OF THE PHONE PHON
r records.) 45

Sa	alvetti, LLC	,	P/4 2. 4.2		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appear mited Liability Company)	s on our records.)	1.45		
The Articles of Organization for this Limited Liability Co.	mpany were filed on	10/8/2009	and assigned		
Florida document number L09000097418	-				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:	2601 South E	2601 South Bayshore Drive, Suite 600			
(Principal office address MUST BE A STREET ADDRE	Miami, FL 33	Miami, FL 33133			
Enter new mailing address, if applicable:	2601 South E	Bayshore Drive, S	uite 600		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33	Miami, FL 33133			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter t	he name of the nev		
Name of New Registered Agent: RGPA	Registered Agent C	orp.			
New Registered Office Address: 2601 S	South Bayshore Drive				
	En	Enter Florida street address			
	Miami	, Florida	33133		
	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

Title <u>Name</u> **Address** Type of Action MGR Kahn, Donald 317 71ST STREET Salvetti, Bice MGR VIA BRUXELLES N.59 CAP.00198 ___ Add ✓ Remove ROME XX XXXXX IT MGR Salvetti, Bice 2601 South Bayshore Drive Add Add Suite 600 Remove Miami, FL 33133 ☐ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JANUARY 22, 2010 Signature of a member or authorized representative of a member Bice Salvetti Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00