

L0900003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

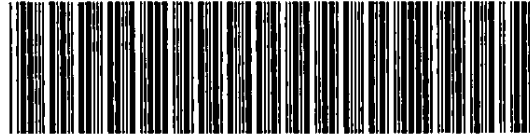
(Document Number)

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2012 MAY 29 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOTR MIAMI 304 LLL
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:

Federico Olivieri
Name of Person

INTERACTIVITY EXCHANGE INC
Firm/Company

235 LINCOLN RD #310
Address

MIAMI BEACH FL 33139
City/State and Zip Code

OLIVIERI.FEDERICO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA
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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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
OF**

DOOR MIAMI 304 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/28/09 and assigned Florida document number L09000103941

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)

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TALLAHASSEE FLORIDA

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: _____

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

Title Name Address Type of Action

MEMR LEONARDO BONETTI 130 3RD ST #105
MIAMI BEACH FL 33139 Add
 Remove

MEMR GIACOMO PADLINELLI _____
_____ Add
_____ Remove

_____ _____ _____
_____ Add
_____ Remove

_____ _____ _____
_____ Add
_____ Remove

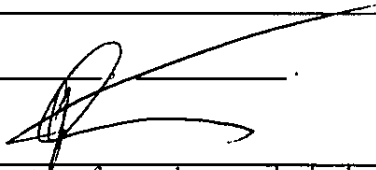
_____ _____ _____
_____ Add
_____ Remove

_____ _____ _____
_____ Add
_____ Remove

SECRETARY OF STATE
 FALLON ASSOCIATES, L.L.P.
 MAY 29 2012 11:25
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 5/22/12



Signature of a member or authorized representative of a member

Federico Di Nepi
Typed or printed name of signee