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T. HAMPTON

JAN - 8 2011

EXAMINER

COVER LETTER

SUBJECT:					
	Name of Limit	ed Liability Company			
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.			
Please return all correspond	ence concerning this matter t	to the following:			
	•				
	•				
•			·		
	Firm/Company				
3600 Mystic Pointe Dr #1415 Address					
	Aventura, Florida 33180				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)				
For further information cond	cerning this matter, please ca	11:			
Reinald Name of Pe	do De Tullio	at (305) 33 Area Code & Daytime T	32-0034		
Name of Pe	erson	Area Code & Daytime 1	elephone Number		
Enclosed is a check for the f	ollowing 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

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

FILED SECRETARY OF STATE DIVISION OF GORPORATIONS

11 JAN -5 PH 3:03

(Name of the Usuated Links	EN GROUP LLC	access on our woodeds	
(Name of the Limited Liabi (A Florid	da Limited Liability Compar	y)	
The Articles of Organization for this Limited Liability Florida document number		November 12, 2009 and assignment	gned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company	<u>here</u> :	
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Con	mpany," the designation "LLC" or the ab	breviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		n our records, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
		Enter Florida street address	
	C't-	, Florida Zip Code	
	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 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 **Type of Action** Title <u>Name</u> **Address** Sebastian A De Tullio Mngr ✓ Add ☐ Remove 3600 Mystic Pointe Dr No. 1415 Aventura, Fl. 33180 Maximiliano F De Tullio Mngr ☐ Add √ Remove ☐ Add Remove ∏Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ January 1st Signature of a member or authorized representative of a member Reinaldo De Tullio Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00