

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# LD900012526

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ASTON, LLC**

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Electronic Filing Menu

Corporate Filing Menu

C. LEWIS

JUN 20 2013

EXAMINER  
Help

H 13000139599  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**FILED**

19 JUN 19 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ASTON 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 NOVEMBER 23, 2009 and assigned  
 Florida document number L09000112526

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)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1925 SW 82ND CT

MIAMI FL 33155

**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:

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18 JUN 19 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CIMINO, ERMINIO	MAIPU 55	<input type="checkbox"/> Add
		RAMOS MEJIA BUENOS AIRES	<input checked="" type="checkbox"/> Remove
		ARGENTINA	
MGRM	APARICIO, AMANDA	MAIPU 55	<input type="checkbox"/> Add
		RAMOS MEJIA BUENOS AIRES	<input checked="" type="checkbox"/> Remove
		ARGENTINA	
MGR	ISURIETA, VIVIANA	1925 SW 82ND CT	<input checked="" type="checkbox"/> Add
		MIAMI FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

Dated

Signature of a member or authorized representative of a member

UUCIANA ISULIEMA

Typed or printed name of signee

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