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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
APR 2 7 2012
EXAMINER

## COVER LETTER.

TO: Registration Division of C			
SUBJECT: MA	ARIO RUMIAN Name of Lim	ited Liability Company	· · ·
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
	MARIO	RUMIANO Name of Person	<del></del>
	MARIO RI	JMIAND, LLC Firm/Company	
	12020 N	.E. 5th. AVE	•
	BISCAYI	City/State and Zip Code	33161
	MTUMIAN( E-mail address: (	O O NUSPICE - CC to be used for future annual report notificat	enstruction. com.
For further information	n concerning this matter, please of	call:	
MARUO	RWM I AND e of Person	at (786) 417 - 3 Area Code & Daytime To	BGCO elephone Number AS S
Enclosed is a check for	r the following amount:		APR AHAS
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stimes & Certificate Copy (additional constraints)
Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32303	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIO RUMI	ANO	LLC			_	
(Name of the Limited Liab (A Flori	<mark>ility Company</mark> da Limited Lia	<b>/ as it now app</b> Ibility Company	ears on our reco	rds.)		
The Articles of Organization for this Limited Liabilit Florida document number L100001322 9.5	y Company w	vere filed on _	12/29/	2010 and	assigne	:d
This amendment is submitted to amend the following	<b>;</b> :					
A. If amending name, enter the new name of the l	imited liabili	ty company h	ere:			
. •						
The new name must be distinguishable and end with the "L.L.C."	words "Limite	d Liability Con	ipany," the design	nation "LLC" or the	he abbre	viation
Enter new principal offices address, if applicable:					12	
(Principal office address MUST BE A STREET AD	DRESS)			E C	<del></del>	- 1111
				도m 크림	3	ر د او دري د همه نو
				SSE	96	•×engen:
Enter new mailing address, if applicable:			·	įπ <sub>O</sub>	2	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				41.S	দ্য়	**************************************
				<u> </u>	F.	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ce address or	our records,	enter the name	e of th	e new
Name of New Registered Agent:	<del></del>		·· <del>·····························</del>			
New Registered Office Address:		······································	Enter Florida str	reet address		
			, Flo	rida		
		City		Zip C	ode	

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

<u>Title</u>	<u>Name</u>	Address	<u> Typ</u>	e of Action
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D. If an	nending any other informatio	n, enter change(s) here: (Attach ad	Iditional sheets, if necessary. FLORESTARE	
				-
Dated	.,		Janum	_
	Signat	ure of a member or authorized represent MAI  Typed or printed name of sign	tative of a member  20 RVMIANO  nee	_

Page 2 of 2

Filing Fee: \$25.00