

L1100000 2746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 19 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALAUCA INVESTMENT GROUP L.L.C.

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:

ALEJANDRO E FIRENZE

Name of Person

MANAGER

Firm/Company

6601 LYONS RD SUITE F5

Address

COCONUT CREEK FL 33073

City/State and Zip Code

augustofirenze@live.com.ar

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariel Giglio

at (**954**)

421-9460

Name of Person

Area Code & Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALAUCA INVESTMENT GROUP L.L.C.

(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 1/6/11 and assigned
Florida document number L11000002746.

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."

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:

GUSTAVO MARIO PASSANO

New Registered Office Address:

6601 LYONS RD, FS

(Enter Florida street address)

COCONUT CREEK

(City)

Florida

33073

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Carolina Maciel	1930 NW 18 Street, #10 Pompano Beach, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	Alejandro E. Firenze	1930 NW 18 Street, #10 Pompano Beach, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	Manuel E. Firenze	1930 NW 18 Street, #10 Pompano Beach, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	Gustavo M Passano	6601 Lyons Rd suite F5 Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Manager	Mario de los Angeles Rubiolo	6601 Lyons Rd Suite F5 Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 15th, 2012

[Signature]
Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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