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SECRETARY OF STATE
ANALYSEE FLORIDA

APR 17 2013 D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUTTO MOTO LLC

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:

CRISTIANA S. BAAS, CPA

Name of Person

GLOBAL TAX & ACCOUNTING, INC.

Firm/Company

5300 W HILLSBORO BLVD STE 217

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

CCASAPAVAV@GTATAX.COM

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

For further information concerning this matter, please call:

CRISTIANA S. BAAS, CPA

954,421-7300

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUTTO MOTO LCC

(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 03/18/212	and assigned	
Florida document number L11000025103			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	Vin	
Enter new principal offices address, if applicable:		\$600 300	
(Principal office address MUST BE A STREET ADDRESS)		#M P	
		15. S.S.S. S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.	
		79 3 11	
Enter new mailing address, if applicable:		9.	
(Mailing address MAY BE A POST OFFICE BOX)		04 H	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		er the name of the new	
New Registered Office Address:			
Non Registered Strice Fiduress.	Enter Florida street	address	
	, Florida	Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>!</u>		
I hereby accept the appointment as registered agent and aging the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	olete performance of my duties, and provided for in Chapter 608, F.S.	d I am familiar with and Or, if this document is	

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
SALES MGR	DANILO OLIVEIRA	915 NW 1ST AVE LP 208	Add Add
		MIAMI, FL 33136	Remove
MGRM	MARCEL CAETANO SANTOS AZEVEDO	5300 W HILLSBORO BLVD STE 217	
		COCONUT CREEK, FL 33073	Remove
MGRM	MARCELO CAETANO SANTOS AZEVEDO	5300 W HILLSBORO BLVD STE 21	7 🕢 Add
		COCONUT CREEK, FL 33073	Remove
			Add
		A.S.S.	Remove 55
		SEE FLORIDA	
			Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
į	
·	
Dated	,,
	Majo
	Signature of a member of authorized representative of a member
	MARÇEKO CARTANO SÁNTOS AZEVEDO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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PALL AFIASSEE FLORIDE