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## **COVER LETTER**

TO: Registration Section Division of Corpora		
SUBJECT: 11 Esp	Crtatore LLC  Name of Limited Liability Company	
·	Name of Limited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.	
Please return all corresponden	ce concerning this matter to the following:	
	Juan A. Salva	
_	Name of Person	
	Il Franchalore LLC	
<del>-</del>	TI Esportatore LLC Firm/Company	
	2602 My 13th Hart # 337	
_	2603 NW 13+ Street, # 337 Address	
	( ) 11 5. 27/20 28/20	
-	Ga) neswille, FL 32609-2835  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
_	E-mail address: (to be used for future annual report notification)	
For further information concer	rning this matter, please call:	
1	(2)10 205-9140	
Name of Pers	Salva at (321) 305 - 914 0  Area Code Daytime Telephone Number	
Enclosed is a check for the fol	llowing amount:	
□ \$25.00 Filing Fee	1 \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status	itus &

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

IL Esportatore L.L.C.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 110000 37311</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability.	were filed on Mach 29, 2011 and assigned
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2603 NW 13th Street, # 337 Garnesville, FL 32609-2835
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32609-2835
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2603 NU 13th Street, # 337 Gamesville, FL 32609-2835
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	y

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			Add
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			Change
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Page 3 of 3

Filing Fee: \$25.00