11000059329

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EXAMINER



700208937267

06/28/11--01034--003 **25.00

SEOMETARY OF STATE

Division of C	Section Corporations		
SUBJECT:		TYBIZ LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	P	iermassimo Picchiura	
		Name of Person	
		Firm/Company	
	420	Lincoln Road - Ofc 248 Address	
	NA.	iami Beach, FL 33139	
	100	City/State and Zip Code	
	E-mail address: (t	orcons@gmail.com o be used for future annual report notification	on)
For further informatio	n concerning this matter, please c	all:	
	nassimo Picchiura e of Person	at (<u>305</u>) <u>33</u> Area Code & Daytime Tel	1-1119 ephone Number
Enclosed is a check fo	r 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

TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Com	YBIZ LLC	
(A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 5/19/2011 and assigned	
Florida document number . L11000059328 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	420 Lincoln Road	
(Principal office address MUST BE A STREET ADDRESS)	Ofc 248	
	Miami Beach, FL 33139	
Enter new mailing address, if applicable:	420 Lincoln Road	
(Mailing address MAY BE A POST OFFICE BOX)	Ofc 248	
	Miami Beach, FL 33139	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:	
Name of New Registered Agent:		
New Registered Office Address: 420 Linco	In Road - Ofc 248 Enter Florida street address	
	Miami Beach , Florida 33139	
New Registered Agent's Signature, if changing Registered Age	City STATE Code Code Code Code Code Code Code Code	

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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

or managing member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
<u>MGRM</u>	Pichhiura, Piermassimo	435 21st Street Office 3 Miami Beach, FL 33139	Add ☑ Remove			
MGRM	Modenesi, Andrea	435 21st Street Office 3 Miami Beach, FL 33139	Add Remove			
MGRM	Picchiura, Piermassimo	420 Lincoln Road Ofc 248 Miami Beach, FL 33139	Add Remove			
MGRML	Modenesi, Andrea	420 Lincoln Road Ofc 248 Miami Beach, FL 33139	Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_			
_			_ _			
Dated	Miami Beach, FL , 6/20	0/2011				
	KA					
	<i>'</i>	er or authorized representative of a member	•			
Piermassimo Picchiura Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00