

#L11000071652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

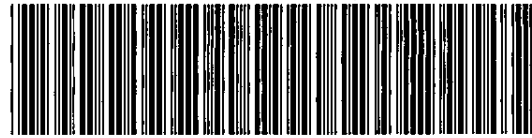
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100213508541

11/01/11--01039--003 **25.00

FILED
11 NOV - 1 PM 1:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 3 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RONDELIA MANAGEMENT, 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:

ALVARO CASTILLO

Name of Person

ALVARO CASTILLO B.P.A.

Firm/Company

1390 BRICKELL AVENUE SUITE 200

Address

MIAMI FLORIDA 33131

City/State and Zip Code

alcapa@aol.com

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

For further information concerning this matter, please call:

ALVARO CASTILLO

Name of Person

at (**305**) **371-5540**
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**

RONDELIA MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
11 NOV -1 PM 1:23
DEPT. OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 20, 2011 and assigned
Florida document number L11000071652.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16485 SW 84 LN

MIAMI FLORIDA 33193

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16485 SW 84 LN

MIAMI FLORIDA 33193

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:

JUAN MANUEL GALLO

New Registered Office Address:

16485 SW 84 LN

Enter Florida street address

MIAMI

City

, Florida

33193

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.

[Signature]
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>
MGR	EDUARDO ESTEVEZ	1390 Brickell Avenue Suite 200 Miami, Florida 33131	☐ Add ☒ Remove
MGR	MARIA ROSA FIGLIUZZI	1390 Brickell Avenue Suite 200 Miami, Florida 33131	☐ Add ☒ Remove
MGR	JUAN MANUEL GALLO	16485 SW 84 LN Miami Florida 33193	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated OCTOBER 21, 2011

Signature of a member or authorized representative of a member
JUAN MANUEL GALLO

Typed or printed name of signee