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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Considerations to Filips Officer |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

D. BRUCE
MAY 16 2012
EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Corporations |
|---|
| SUBJECT: TOTER NATIONAL SO/AR SYSTEM, 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: |
| Is be L PORTIELES |
| NA |
| Firm/Company |
| 7917 WEST DR APT 25 |
| North BAY VILLAGE FL, 3374 15 |
| MWW 1 92 D 9 mail . Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: 6 INA ESTRADA at (617) 820 -6764 RESTRADA |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 |

De Hourt

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INTERNATIONAL. | | Syste | m, LLC | |
|---|---|------------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appe Liability Company | ars on our records | <u>.</u>) | |
| The Articles of Organization for this Limited Liability Company Florida document number 211000096300 | were filed on | 08/22/2 | OVI and assigned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company h | ere: | | |
| SAME | | | | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Com | pany," the designati | ion "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | NA | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u>≱</u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | AV 15 PH N | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | our records, <u>en</u> | ter the name of the new | |
| Name of New Registered Agent: | Spm | ε | ······································ | |
| New Registered Office Address: | \mathcal{N}/\mathcal{H} | nter Florida stree | t address | |
| | | | | |
| • | City | , Florida Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as p | lete performance | e of my duties, an | nd I am familiar with and | |

If Changing Registered Agent, Signature of New Registered Agent

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 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> | Name | Address | Type of Action |
|--------------------------|--|---|-----------------------------|
| MGR | IsbEL PORTIELES | 7917 WEST DR APT 25 NORTH BAY VILLAGE, FL 33141 | Add Remove |
| MGR M | 10 0231 1120 131200 | 3425 COLLINS AVE SUITE 515 MIAMI BEACH, FL 33140 | Add Remove |
| M <u>GR-</u> MI MCO T | LCA NEVES DE MORAIS | - CALLE RIO UNGRIA 23-APT 2A-AZUGUEDA DE HENARES 19200 GUADALA SARA, ESPANA | Add Remove |
| MCK. ENRIC | SANTANACH CASAL | CALLE TEODOR DE MIS NO JUPISO 3 PUERTA 3 CP-08500 VIC, BARCETONA, ESPAR | Add Remove |
| | | | Add Remove |
| | | | Add Rcmove |
| D. If amend | ing any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | 55 12 1 |
| | | AHASSE | |
| | | E. FLORIDA | |
| Dated | PAX 10, 2012 | Stala | |
| | Signature of a member of MONAK Typed or | rauthorized representative of a member POH WORLD WIPE TWO printed name of signee with Declarate | ESTMENTS, LLC 9000114980 |
| | | Page 2 of 2 | 9000114980 |

Filing Fee: \$25.00