

L11000101788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

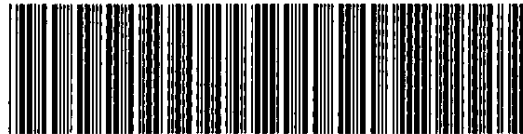
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600212275606

09/26/11--01007--002 **25.00

FILED
2011 SEP 26 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 28 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEONE & SOUTO BUSINESS COMPANY
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:

BRIAN DEL FIERRO

Name of Person

BALWANT CHEEMA CPA

Firm/Company

8301 NW 197TH ST

Address

MIAMI, FL 33015

City/State and Zip Code

BRIAN@BALCPA.COM

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

FILED
2011 SEP 26 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRIAN DEL FIERRO

Name of Person

at (305)

764-1073

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

LEONE & SOUTO BUSINESS COMPANY

(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 09/06/2011 and assigned
Florida document number L11000101788.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8301 NW 197TH ST

MIAMI, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8301 NW 197TH ST

MIAMI, FL 33015

FILED
2011 SEP 26 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

BALWANT CHEEMA

New Registered Office Address:

8301 NW 197TH ST

Enter Florida street address

MIAMI

City

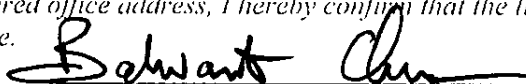
Florida

33015

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.



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

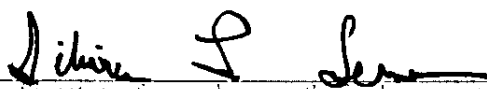
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|-------------------------------------|---|
| MGR | SILVIA LEONE | 8301 NW 197TH ST MIAMI, FL 33015 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | MARIO L SOUTO | 8301 NW 197TH ST MIAMI, FL 33015 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

MANAGING MEMBERS ARE THE SAME, ADDRESS HAS BEEN UPDATED.

Dated SEPTEMBER 21, 2011



Signature of a member or authorized representative of a member

MANAGING MEMBER

Typed or printed name of signee

FILED
2011 SEP 26 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA