## 11000117589

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## T. CLINE

SEP - 5 2012

EXAMINER

TABLE PART OF SMILE

## **COVER LETTER**

Divisio	on of Corp	orations		
SUBJECT:		WAKATUTU II	NTERNATIONAL, LLC	
		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are su	abmitted for filing.	
Please return all	i correspon	dence concerning this matte	er to the following:	
		)		
			Name of Person	<del></del>
			Firm/Company	······································
		8360 V	W FLAGLER STREET #200	
			Address	
			MIAMI, FL 33144	
			City/State and Zip Code	
		E-mail address:	(to be used for future annual report notifical	tion)
For further infor	mation cor	ncerning this matter, please	call:	
XAU'EL			at (305) 206 0 a	2 04
	Name of F	erson	Area Code & Daytime 1	elephone Number
Enclosed is a ch	eck for the	following amount:		
\$25.00 Filing	g 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)
	Registration P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons Trucke



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAKA	TUTU INTERNATIONAL	, LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on	10/14/2011	and assign	ed
Florida document number L1100011	7589			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "LLC"	" or the abbr	eviation
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	· 			
Enter new mailing address, if applicable:	<del> </del>		<del></del>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del> </del>		
		ر حز	(?) <b>600</b>	
			<b>Z Z Z</b>	ener en
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter the</u> s	name or th	e new
		S		p==
Name of New Registered Agent:	MANNY MARRERO	ភ្នំក ក្រា	indian distribution of the second of the se	
Maile of New Registered Agent.		C	9	Comme
New Registered Office Address:		ter Florida street address		
	Er	uer rioriaa sireei aaaress	1.77 <b>1</b> 7	
	<u> </u>	, Florida	· C. J.	
	City	Z	ip 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:

MGRM = Managing Member **Title** <u>Address</u> Type of Action <u>Name</u> MGR **XAVIER ARISTIMUNO** 8360 W FLAGLER STREET #200 ☐ Add MIAMI FI 33144 Remove **XAVIER ARISTIMUNO** MGRM 8360 W FLAGLER STREET #200 ✓ Add MIAMI FL 33144 Remove ☐ Add ☐ Remove Add Remove ∏Add Remove 2812 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Audust 29. 2012 Signature of a member or authorized representative of a member XAUIN ARISTIMUNO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager