Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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H120002402643ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : I20110000070 - Phone : (305)541-3980

Fax Number : (305)541-7033

\*\*Enter the email address for this business entity to be used for sprure annual report mailings. Enter only one small address please.

Email	Address:			
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOE LLC

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B. KOHR

OCT \_3 2012

EXAMINER

## H12000240264 3

# **COVER LETTER**

TO:	Registration So Division of Cor			AUC CA
. N			OE LLC	
SUBJI	CCI:		ed Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	ORDER S
Picase	return all correspo	ondence concerning this matter	to the following:	7
			MOSES NAE	
			(Anny to Ferrita)	
ACC			INTANT & MANAGEMEN	<u>r</u>
			Firmt/Company	•
		1549 NE 123RD ST	<u> </u>	
Address				
		NC	RTH MIAMI, FL 33161	
			City/State and Zip Code	
		INFO@SOLU	TIONSBYACCOUNTANT	s.COM
For fl	arther information	ts-mail address: (i concerning this matter, please o	in he used for future annual report not all:	·
		OSES NAE	at ( 305 )	541-3980
	Name	of Person	Ares Code & Dayti	ne Tolophone Number
Enclo	sed is a check for	the following amount:		
<b>⊘</b> \$2	25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Ulling Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, F1, 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

#### H12000240264 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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H12000240		· 4	Self Commission
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OF		•	The state of the s
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<u>NOE</u> L			
(Name of the Limited Liability Company (A Florida Limited Lia	ibility Company)	on our records.)	9
The Articles of Organization for this Limited Liability Company v	vere filed on	12/02/2011	and assigned
Florida document numberL11000135924			
This amendment is submitted to arriend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:		
A. If amending name, enter the new name of the name of more	itt company nere	•	
The new name must be distinguishable and end with the words "Limite	d Liability Compan;	y." the designation '	'LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u></u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on ou	ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street ac	ldress
		, Florida _	
	Citv		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.

City

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM - Managing Member					
J.lile	Name	Address	Type of Action		
MGR	BRUSCO, SERGIO ESTER	1549 NE 123RD ST NORTH MIAMLEL 33161 US	Add _Z Rename		
			, 🖺 Add Remove		
			Add Remove		
- —		- 10	Aikl Remove		
			Aild    Herrave  -		
	. ——		□Add □Remane		
D. If amending any other information, enter change(s) here: (Attach additional via its if in crystal)					
-	(1)		•		
			_		
Duted	OCTOBER 1 201				
Signature of a member of authorized tepresenting e to a member					
GUSTAVO ANIBAL LOPEZ FRETES  Lyned or printed name of signing					

Page I of 2 Filing Fee: \$25.00