

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076 Phone

: (305)388-7028

Fax Number

: (205)479-2705

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emmil Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRIESTE INVESTMENTS, LLC

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EIESTE INVESTM			
(Name of the Limi	ted Liability Comps (A Florida Limited	iny as it now appear Liability Company)	rs on our records.)	·····
The Articles of Organization for this Limited L			02/02/2012	and assigned
Florida document numberL12000016410				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company h	ere:	
N/A				- F. C.
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the	designation "LLC" or the a	abbreviation "E.C."
Enter new principal offices address, if applie	able:	N/A		
(Principal office address MUST BE A STREE				8 중국
				- med
				i
Enter new mailing address, if applicable:		N/A		9 3
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			n our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	NA			
New Registered Office Address:				
		Enter Flo	rida strect address	
			, Florida _	
		City		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
Title Managing N	Member GIUSEPPE D'AGOSTIN	9509 HARDING AVENUE	DAdd
		SURFSIDE, PL 33154	■ Remove
			□ Change
Title Managing Member FILOME	Member FILOMENA PETROZZA	9509 HARDING AVENUE	
		SURFSIDE, FL 33154	■ Remove
			- Office A
Title Managing	Member PABLO D'AGOSTIN	BLO D'AGOSTIN 9509 HARDING AVENUE D A66 SURPSIDE, FL 33154	HASS C 289
			AHASSEE FLOSE
			Change
Title Managing I	Member MARIANO D'AGOSTIN	9509 HARDING AVENUE	
		SURFSIDE, FL 33154	Remove
			Change
Title Managing Member SERGIO D'AGOSTIN	Member SERGIO D'AGOSTIN	9509 HARDING AVENUE	
		SURFSIDE, FL 33154	■ Remove
			☐ Change
MGR	CLAUDIO A MINONES	500 BAYVIEW DRIVE	Add
		220	Rcmove
		SUNNY ISLES BEACH, FL 33160	

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Tecti	ve date if other than the date of filing:
ນາຣກີ	ve date, if other than the date of filing: (optional) entire date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ote: cum	If the date inscried in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
	12/00/01/6
itcd .	12/20/2016
	Claudio Minores
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00