

L12000032918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

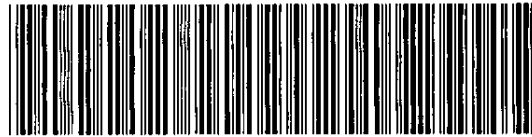
Certified Copies _____ Certificates of Status _____

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EXAMINER



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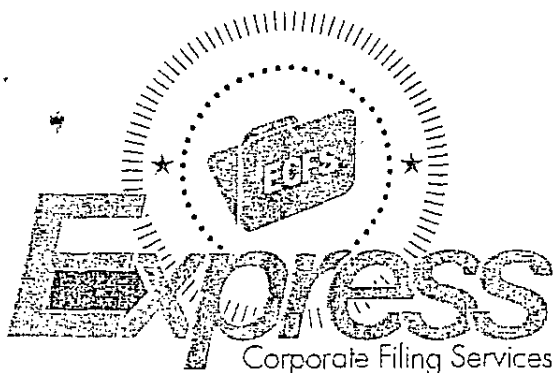
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12 JUL 17 AM 10:46

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

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DIVISION OF CORPORATIONS
12 JUL 17 PM 3:18

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Uncle Aki, LLC (L12000032988)
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

UNCLE AKI, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 17 PM 3:53

The Articles of Organization for this Limited Liability Company were filed on 03/07/2012 and assigned
Florida document number L12000032918.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," 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)

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: Ruben Dario Lozzi

New Registered Office Address: 8500 WEST FLAGLER STREET STE: B-209

Enter Florida street address

MIAMI

City

Florida

33144

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:

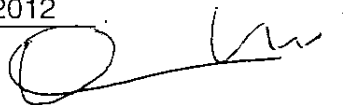
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTONELLA ANA LISTORTI	8500 WEST FLAGLER ST STE B-208 MIAMI, FL 33144	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JUAN PABLO LOZZI	8500 WEST FLAGLER ST SUITE B-208 MIAMI, FL 33144	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ADRIANA VALERIA LOZZI	8500 WEST FLAGLER ST SUITE B-208 MIAMI, FL 33144	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ruben Dario Lozzi	8500 WEST FLAGLER STREET SUITE B-209 MIAMI FL 33144	<input checked="" type="checkbox"/> Add / <i>change</i> <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.)*

Dated JUNE 21, 2012



Signature of a member or authorized representative of a member

Ruben Dario Lozzi

Typed or printed name of signee