

L12 000033265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

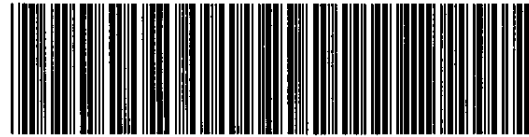
(Business Entity Name)

(Document Number)

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FILED
SEP 17 2012
TOLSON
FBI

T. CLINE

SEP 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIARIO DE CCS, LLC
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:

ROBERTO PONS EA

Name of Person

PONS & ASSOCIATES, INC

Firm/Company

6625 MIAMI LAKES DR, STE233

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

ROBERTO@PONSANDASSOCIATES.COM

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

For further information concerning this matter, please call:

ROBERTO PONS EA

Name of Person

at (305)

779-8588

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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)

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

FILED
SEP 17 2009
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIARIO DE CCS, LLC

(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 MARCH 8, 2012 and assigned
Florida document number L12000033265.

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)

2012	17	17
17	17	17
17	17	17
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17	17	17

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2012	17	17
17	17	17
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17	17	17

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:

New Registered Office Address:

Enter Florida street 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 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:

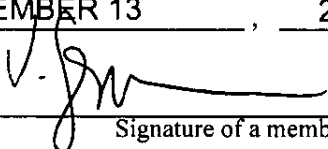
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brookline Business, S.A.	999 PONCE DE LEON BLVD PENTHOUSE 1135 CORAL GABLES, FL 33134	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated SEPTEMBER 13, 2012


Signature of a member or authorized representative of a member

VLADIMIR GESSEN, MGRM

Typed or printed name of signee