

11/20/2013 12:11

305-701993

GUZMAN &amp; GUZMAN P.A.

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Division of Corporations

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C12000053354

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000255663 3)))



H13000255663ABC\*

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.  
Account Number : I20080000090  
Phone : (305) 670-1991  
Fax Number : (305) 670-1993

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

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TELEPHONE 305-169106

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ALUTOM LLC

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GUZMAN & GUZMAN PA

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November 20, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ALUTOM LLC  
TURNBERRY PLAZA  
2875 N.E. 191ST STREET, STE. 801  
AVENTURA, FL 33180

SUBJECT: ALUTOM LLC  
REF: L12000053354

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

FAX Aud. #: H13000255663  
Letter Number: 513A00026789

RECEIVED  
13 NOV 20 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

H 13000255663 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ALUTOM 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 04/19/2012 and assigned  
Florida document number L12000053354

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)

PO BOX 452836

MIAMI FL, 33245

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: CONSTANZA BLOUSSON

New Registered Office Address: 2666 BRICKELL AVENUE

*Enter Florida street address*

MIAMI

*City*

Florida 33129

*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.

X [Signature]  
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 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	BAUZA, MARIA A	6820 INDIAN CREEK DR	<input type="checkbox"/> Add
		#802	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33141	
MGR	CONSTANZA BLOUSSON	PO BOX 452836	<input checked="" type="checkbox"/> Add
		MIAMI FL, 33245	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated NOVEMBER 14 2013

x 

Signature of a member or authorized representative of a member

BAUZA, MARIA A

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILE