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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2013 APR 29 PH 12: 11
SECRETARY OF STATE

B. BOSTICK

APR 30 2013

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Julialta 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:			
Oscar Gastaudo			
Julialta LLC			
Firm/Company			
10773 NW 58th Street, #603			
Doral, FL 33178			
City/State and Zip Code oscar@gastaudo.com	TAL	201	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	CRE TA	2013 APR 29 PM 12: i	77
Oscar Gastaudo (786) 515-8229	SSEE.	29 Pi	
Name of Person Area Code & Daytime Telephone Number	OF STATE	H 2: i I	U
Enclosed is a check for the following amount:	(Par		

**□**\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Julialta LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records iability Company)	.)
The Articles of Organization for this Limited Liability Company		and assigned
	were med on	and assigned
Florida document number L12000066530		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<del>- 50 23 -</del>
(Principal office address MUST BE A STREET ADDRESS)		
		ARE PR
		29 AR SS
Enter new mailing address, if applicable:	10773 NW 58th Street	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 603	75 75 C
<del></del>	Doral FL 33178	R음 -
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stree	address
	, Florid	
	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> Type of Action Remove Remove Add Remove Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	This is an amendment request for business mailing address change
_	
_	
_	
Dated Ar	oril 24th 2013
	Signature of a member or authorized representative of a member
	Guillermo Altamerano
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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