

L120000067085

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VILLALITVI LLC**

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Corporate Filing Menu

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B. BOSTICK

JUN 25 2012

EXAMINER

RECEIVED
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12 JUN 22 AM 10:28
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DIVISION OF CORPORATIONS

H12000085

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VILLALITVI 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 05/17/2012 and assigned
Florida document number L12000087085

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 office 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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H12000166367.

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

Title	Name	Address	Type of Action
MGR	VILLANUEVA, RAFAEL	2999 NE 191ST STREET PH 8 AVENTURA FL 33180 US	☐ Add ☒ Remove
MGRM	SETENDJIAN, Pablo Juan	Hon. Kueva 327, PISO 6 BULEVOS 2005, ARGENTINA CP 1406	☒ Add ☐ Remove
MGRM	CERIANI, Marcela Adriana	Hon. Kueva 327, PISO 6 BULEVOS 2005, ARGENTINA CP 1406	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated June 21st, 2012

Signature of a member or authorized representative of a member

RAFAEL VILLANUEVA, MGR

Typed or printed name of signer

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