#L 12000072575

(Re	equestor's Name)	
		,
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(Cit	ty/State/Zip/Phone	; #)
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12 OCT 25 AM II: 45
SEUNE FARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER OCT 26 2012

COVER LETTER,

TO: Registration S Division of Co			•
SUBJECT:	Tre Sou	ıth Miami, LLC	
		ted Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	-	
		Luca Delogu	
		Name of Person	
	 	Firm/Company	
	17	70 S Ocean Blvd. #508	
		Address	
	Laude	rdale by the Sea, FL 33062	
	1	City/State and Zip Code	
	IUC E-mail address: (adelogu@hotmail.com to be used for future annual report notifica	ation)
For further information	concerning this matter, please c	all:	
	uca Delogu	at (<u></u>)	05-3629
Name o	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
N. F. A. Y.	INC ADDRESS.	erneer/countr	D ADDRESS

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED**
12 OCT 25 AM II: 45

Tr	e South Miami, LLC	TALLAII	ASSE FLATE
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appear orida Limited Liability Company)	rs on our records.)	TEL, PLURIDA
The Articles of Organization for this Limited Liabi	lity Company were filed on	05/31/2012	and assigned
Florida document number L1200007257	<u>'5</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company her	·e:	
Tri	sa Pizzeria LHP, LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)	7	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter tl</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
-		, 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 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

	<u>Name</u>	Address	Type of Actio
<u>_</u> _	-		Add
			Remove
			Add
			Kemove
			Add
			Keniove
			Add
			Add Remove
			Add Remove
T.C			
ii ameng	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary.))
<u> </u>			
	Oatabay 10	0010	
	October 19 ,	2012	
	,	2012	

Page 2 of 2

Filing Fee: \$25.00