

L12000076034

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet 52773.

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000198427 3)))



H120001984273ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONTE CRISTO HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

AUG - 7 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MONTE CRISTO HOLDINGS 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 08/07/2012 and assigned
Florida document number L12000076034.

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)

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

Page 1 of 2

H12000198427

MIAMI BEACH

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:

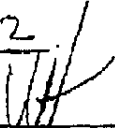
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	OLGA FISENKO	401 69 STREET APT 301 MIAMI BEACH FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	OLGA FISENKO	401 69 STREET APT 301 MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PALINA YAFREMAVA	401 69 STREET APT 301 MIAMI BEACH FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MEMBER	PALINA YAFREMAVA	401 69 STREET APT 301 MIAMI BEACH FL 33140	<input checked="" 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

2012 AUG -6 PM 5:14
SECRETARY OF STATE
TAX & REVENUE
MASSACHUSETTS

FILED

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

Dated 08 / 06, 2012


Signature of a member or authorized representative of a member
MANUEL FERNANDEZ

Typed or printed name of signer

Page 2 of 2
Filing Fee: \$25.00