L12000687960

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SECRETARY BY STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WILL LLC	
(Name of the Limited Liability Comp. (A Florida Limited	a <mark>ny as it now appears on c</mark> Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL12000087960	y were filed on	7/5/2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	P.O BOX 310068	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33231	-0068
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		_, 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	FEDERICO ELASKAR	PIERINA DEALESSI 550 CAPITAL FEDERAL BA 1107 AR	Add Remove
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			Add Remove
(Phyling) The State of the Sta			Add Remove
***************************************			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	<i>v.)</i>
***************************************			and the state of t
Dated	August 9 \(\) 2	012	MANAGEMENT
	Signature of a member	er or authorized representative of a member	
	Туре	d or printed name of signee	The state of the s

Page 2 of 2

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