# 00011394

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H12000262289 3)))



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 : (830)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number

: (305)220-1440

\*\*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 **BLUMAX LLC**

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

B. BOSTICK

Electronic Filing Menu Corporate Filing Menu

Help

NOV - 2 2012

**EXAMINER** 

#### H 4 2 0 9 0 2 6 2 2 8 9 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_	В	LUMAX LLC		
	(Name of the Limited Liability (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)	
The Articles of	Organization for this Limited Liability (	Company were filed onSepte	mber 5, 2012 and assigned	
	ent number L12000113941	<b>→</b>		
This amendme	nt is submitted to amend the following:	,		
A. If amendin	g name, enter the new name of the lim	ited liability company here:		
The new name r	nust be distinguishable and end with the wo	rds "Limited Lizbility Company," th	e designation "LLC" or the abbreviation	
Enter new pri	ncipal offices address, if applicable:		=	
Principal offic	e address MUST RE A STREET ADDI	RESS)	20 B	
			<u> </u>	
_			- ARY ASSE	
l l	iling address, if applicable:			
(Mailing addre	SS MAY BE A POST OFFICE BOX)	<u> </u>	<u></u>	
			PAA 33	
D T#	ing the registered agent and/or regis		\$ 1	
	nt and/or the new registered office add		cords, enter the name of the new	
Name	of New Registered Agent:			
Niero	Paristante Office Address			
1/4W	New Registered Office Address:  Enter Florida street address			
	Florida			
		City	Zip Code	
New Registered	Agent's Signature, if changing Registers	ed 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

H12000262269

## H12000262289

If amendin or Managia	the Managers or Managing Memb <u>a Mamber being added or removed</u>	pers on our records, enter the title, name, and a	ldress of each Manager
MGR = Ma			
<u>Title</u>	Name	Address	Type of Action
MGRM	Juan Valenzisi	14341 SW 120th Street Suite 103 Miami, FL 33186	Add Remove
MGRM_	Caterina Potenza	14341 SW 120th Street Suite 103 Miami, El	Add Remove
MGRM	Romina P. Valenzisi	14341 SW 120th Street Suite 103 Miami, El. 33186	[7] Add Remove
			Add Remove
			A4d Remove
			A4d
D. If amen	ding any other information, enter ch	nange(s) here: (Anach additional sheets, if necessa	FILED 12 NOV - 1 AM 8:37 ALL AHASSEE FLORIDA
Dated	October 31	2012	
		mber or authorized representative of a member  Dario Peretti  yped or printed name of signee	
	•	Page 2 of 2	
İ		William Trans ONE ON	,