

Right Way Multiservices Corp -> Division of Corporations
L12000118036

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : I20120000058
Phone : (305) 438-7671
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOSAICI INTERNAZIONALE LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MOSAICI INTERNAZIONALE 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 09/14/2012 and assigned Florida document number L12000118036

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

20900 NE 30TH AVENUE SUITE 818

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

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:

TAX, ACCOUNTING & FINANCIAL EXPERTS INC

New Registered Office Address:

20900 NE 30TH AVENUE SUITE 817

Enter Florida street address

AVENTURA

Florida

33180

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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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	JULIA HILDA MASCHERONI	951 BRICKELL AVENUE SUITE 3709 MIAMI FL 33131	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated NOVIEMBRE 26, 2013

EDUARDO MASCHERONI
Signature of a member or authorized representative of a member

EDUARDO MASCHERONI
Typed or printed name of signee

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