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.

(((H12000244700 3)))



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

	Division of Con	-	
	Fax Number	: (850) 617-6383 \$\frac{1}{2}\times_{\infty}\$	
From:		[T]	2
,,,	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	OCT
	Account Number	: I20000000019	_
	Phone	: (305)552-5973 (2 4)	_! CB
	Fax Number	: (305) 220-1440	Ç
		Paris in the second of the	-0
		T'S	
77-4 * 1	1		
		for this business entity to be used for figure	1620 9
annu	ar report mailin	gs. Enter only one email address please.	
Emai.	l Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **4B DELPLATA LLC**

0
0
03
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

OCT - 9 2012

EXAMINER

08/20/2030 05:07

H 1 2 0 0 0 2 4 4 7 0 0 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

46 DELPLATA 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 10-5-12 and assigned Florida document number L12000127605	
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 "LLC" or the abbreviation" "LLC" or the abbreviation "LLC" or the abb	n
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enternew mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
€ 0	•
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:	W
Name of New Registered Agent: CARLOS O. TORTAROLO	•
New Registered Office Address: 555 SW 16 AVE APT 1 Enter Florida street address	•
Miami 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 an 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 tiability company has been notified in writing of this change. If Chapting Registered Agent, Signature of New Registered Agent Page 1-of 2	ď

H12000244700

H12000244700

If amending or Managing	the Managers or Managing Members on our records, enter the title, name, and address being added or removed from our records:	ess of each Manager
MGR = Man		
Title	Name Address	Type of Action
MGR	GERMAN BANEGAS	Add Remove
MGR	EZEQUIEL BANEGAS	AddRcmove
MGR	BRAULIO A. FIRPO	Add Remove
		Add Remove
		Add Remove
		Add Remove
D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	·
		12 OCT -
		8 AH 8:
Dated CO	TOBER B" 2000 1	68
·	Signature of a member or authorized representative of a member CORTAROLO Typed or printed name of signee	

Page 2 of 2

H12000244700