## L12000129944

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SEURLI WART OF STATE TALL WHASSEEL FLORIDA

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## **COVER LETTER**

TO: Registration Se Division of Cor			general and the second		
Lointer S	South, LLC				
Sobole 1.	Name of Limit	ted Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Alfred D. Xiques				
	Garcia & Xiques PA				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	2950 SW 27 Ave, Suite 300				
		Address	<del></del>		
	Miami, FL 33133				
	axiques@rptgfla.com	City/State and Zip Code			
	E-mail address: (t	o be used for future annual report notificati	on)		
For further information c	oncerning this matter, please ca	all:			
Alfred Xiques		305 358-4800			
Name o	f Person	Area Code & Daytime To	elephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SEURETARY OF STATE TALLAHASSEE, FLORIDA

404410040

Lointer South, 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	and assigned
Florida document number L12000129944		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2815 Crystal Court	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la 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>	Address	<b>Type of Action</b>
MGR	Cristian DeSeta	900 Biscayne Blvd, #2506	Add
		Miami, FL 33132	Remove
			Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove
			Add
			Kemove

Ifa	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	November 1 2013
	Signature of a member or authorized representative of a member  Amanda DeSeta
	Typed or printed name of signee

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Filing Fee: \$25.00

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