## L130000000258

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	i
		:

Office Use Only



800250832238

08/22/13--01007--006 \*\*25.00

FILED
2013 AUG 22 PM 3: 28
SECRETARES FATE

AUG 23 2013 J. BRYAN

## **COVER LETTER**

TO: **Registration Section Division of Corporations** YUAM LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: XIOMARA LEE Name of Person XIOMARA LEE P.A. Firm/Company 2380 SW 80 CT Address MIAMI, FL 33155 City/State and Zip Code XIOLEE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

## XIOMARA LEE

305

262-2323

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

	_	M LLC			
( <u>Name of the Limited</u> (A	<b>Liability Comp</b> Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Li	ability Compar	ny were filed on	01/02/2013	and assigned	
Florida document number L13000000258	·			7	
This amendment is submitted to amend the follo  A. If amending name, enter the new name of	_	ability company here		and assigned	
The new name must be distinguishable and end with "L.L.C."	the words "Lir	nited Liability Compan	y," the designation "Ll	LC" or the aboreviation	
Enter new principal offices address, if applica	ıble:	2380 SW 80 C	OT	7	
(Principal office address MUST BE A STREE)	T ADDRESS)	MIAMI, FL 33	155		
Enter new mailing address, if applicable:		2380 SW 80 C	СТ		
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33155			
B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	ice address he	MARA LEE P.A. 80 SW 80 CT			
	NALA NAL	Ente	r Florida street addr		
	MIAMI	City	, Florida <u>33</u>	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the time, 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	Type of Action
MGRM	DENISE M. TAPELLA	555 NE 34 ST #1107	Add
		MIAMI, FL 33137	Remove
MGRM	ALICIA ALBINI	555 NE 34 ST #1107	
		MIAMI, FL 33137	Remove
MGRM	ROCCO IRREVOCABLE TRUST	2380 SW 80 CT	Add
		MIAMI, FL 33155	Remove .
			SECORE Add
·			Remove PH 3: 28 Add
			Remove
			Add
			Remove

D. ∙If aˈm	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ALICUST 12
Dated	AUGUST 13 , 2013
	Signature of a member or authorized representative of a member
	DENISE M. TAPELLA  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

