Flord Representations Sheet 85/14

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.

(((H130000937773)))



H130000937773ABC4

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 : (850)617-6383

From:

Account Name : LISETTE PIE SALAZAR PA

Account Number : I20120000076 Phone : (305)361-6161 Fax Number : (305)361-6168

**Enter the email address for this business entity to be used for futures:

annual report mailings. Enter only one email address please.**

SEUSETARY OF STATE PALLANASSES FLORIDA

13 APR 25 PH 2: 35
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

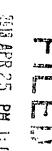
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D. BRUCE



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUTI CHALO LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recon	$rds_i)$
The Articles of Organization for this Limited Liability Co	company were filed on 4/22/2013	and assigned
Florida document number <u>L13000058564</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(S23)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, ress here:	enter the name of the new
Name of New Registered Agent:		AH AP
New Registered Office Address:		CAR CA
	Enter Florida str	eet address to T
	, Flor	f= 1 x
Navy Dandstaned Amouth Circumstance 18 shanging Dantstaned	•	
New Registered Agent's Signature, if changing Registered	Agent:	Sm Z

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 3

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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 MGR	Name Susana Castagnola	Address 11863 Wimbledon Cir #414-415	Type of Action
		Wellington, FL 33414	Add Remove
MGR	Noemi Susana Toracca	11863 Wimbledon Cir #414-415	Add
		Wellington, FL 33414	Remove
			Add
			Remove
			Add
			Remove
			Add
			Reingve
			AFR 25 Add PH Remove.
	·		Remove 7

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If amending any other	information, enter change(s) here: (Attach additional sheets, if nece	essary.)
	<u></u>	
April 24	2013	
	Abell C	
	Signature of a member or authorized representative of a member	
Lisette S	alazar, Esq	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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