

L13000071053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

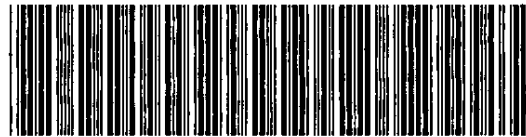
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2013 JUN -7 AM 8:22
TALLAHASSEE, FL ORIDA
CLERK OF STATE

J. SAULSBERRY
EXAMINER

JUN 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERCIGALLITO, LLC

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:

LUISA LANDRIANI

Name of Person

MLL CONSULTING

Firm/Company

2000 BAY DRIVE, SUITE 202

Address

MIAMI BEACH - FL 33141

City/State and Zip Code

luisalandriani@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luisa Landriani

Name of Person

at 954 242-7045

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 5-15-2013 and assigned
Florida document number L13000071053

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 BAY DRIVE, SUITE 202

MIAMI BEACH, FL 33141

(not 33139)

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:

New Registered Office Address:

2000 Bay Drive, Suite 202

Enter Florida street address

Miami Beach

Florida 33141 (not 33139)

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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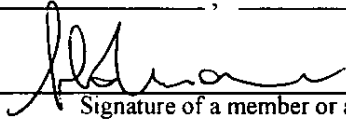
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 9511 DART OF STATE
 TALLAHASSEE FL 32310-0001

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

THE NAME OF THE MANAGING AND ONLY MEMBER IS WRONG.

PLEASE MAKE THE CORRECTION from Vera Novacirkovic
to VERA CIRKOVIC

Dated MIAMI, 5/15/2013



Signature of a member or authorized representative of a member

Luisa Landriani

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE OF FLORIDA
TALLAHASSEE