

L13000079234

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H13000225959 3))



H130002259593ABC3

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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
ELECTRONIC FILING

2013 OCT 10 AM 8:24

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DISCRETE INVESTMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

64755

RECEIVED
13 OCT 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 11 2013

T CLINE

H13000225059

4

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DISCRETE INVESTMENT, 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 05/31/2013 and assigned
Florida document number L13000079234

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."

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)

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:

Enter Florida street address

City

Florida

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

Page 1 of 3

SECRETARY OF STATE
MAILING SERVICE UNIT

2013 OCT 10 AM 8:24

FILED

H13000225059
10/10/2013 12:33 30563399696

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	Name	Address	Type of Action
MGR	MAROTTA, MARCOS	20801 BISCAYNE BLVD, #306	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
MGRM	ILLA, JUAN IGNACIO	20801 BISCAYNE BLVD, #306	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
MGRM	SAUBIQUET FRANS DE ILLA, MAGDALENA	20801 BISCAYNE BLVD, #306	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2013 OCT 10 AM 8:24

FILED

H13000225959

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

Dated 10/10/2013

x 

Signature of a member or authorized representative of a member

MARCOS MAROTTA, MANAGER

Typed or printed name of signor

Page 3 of 3

FILED

2013 OCT 10 AM 04 24

SECRETARY OF STATE
901 PENNSYLVANIA AVENUE
HARRISBURG, PA 17103

H13000225959

10/10/2013 12:33 3056339696

EMPIRE CORP