

Division of Corporations

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**L13000106186**

**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.**

(((H13000170033 3)))



H13000170033ABCS

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305) 229-8256  
Fax Number : (305) 229-8252

FILED  
2013 JUL 31 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MILI & COMPANY, L.L.C.**

Certificate of Status	0
Certified Copy	1
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AUG 01 2013

D. BRUCE

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MILI & COMPANY, L.L.C.

(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 JULY 26, 2013 and assigned  
Florida document number L13000106186.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

2013 JUL 31 AM 9:00  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**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:

ADRIAN ALFREDO MILISENDA

New Registered Office Address:

17011 N BAY RD. BLDG 3 # 319

*Enter Florida street address*

SUNNY ISLES

*City*

Florida 33160-3629

*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

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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	Name	Address	Type of Action
MGR	ADRIAN ALFREDO MILISENDA	CORRIENTES 861 ROSARIO (CP 2000)	<input checked="" type="checkbox"/> Add
		SANTA FE, ARGENTINA	<input type="checkbox"/> Remove
MGRM	GRACIELA LUJAN NICOLETTI	CORRIENTES 861 ROSARIO (CP 2000)	<input checked="" type="checkbox"/> Add
		SANTA FE, ARGENTINA	<input type="checkbox"/> Remove
MGRM	OSVALDO V. ROMAN	17011 N BAY RD. BLDG 3 #319	<input type="checkbox"/> Add
		SUNNY ISLES, FL. 33160-3629	<input checked="" 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

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

N/A

Dated JULY 31ST, 2013

Signature of a member or authorized representative of a member

OSVALDO V. ROMAN

Typed or printed name of signee

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