

JAN/31/2014 FRI 11:29 AM
1/31/2014

FAX No

001/004

L14000011329

Division of Corporations

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOM CARUSO MIAMI, LLC.

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

FEB - 3 2014
A. LUNN

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

TOM CARUSO MIAMI, 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 01/21/014 and assigned Florida document number L14000011329.

This amendment is submitted to amend the following:

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

TOM CARUSO FLORIDA, LLC.

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)

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 SECRETARY 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:

NORKA BABINO DE MARTINEZ

New Registered Office Address:

1110 BRICKELL AVE STE: 430

Enter Florida street address

MIAMI

City

Florida 33131

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 605, 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.

Norka Babino De Martinez

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	YVAN MARTINEZ RENGIFO	1110 BRICKELL AVE	<input type="checkbox"/> Add
		STE: 430	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	NORKA BABINO DE MARTINEZ	1110 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		STE: 430	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
MGRM	LIEZNITZA OYON-DE LECCIA	1110 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		STE: 430	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
			<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.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 31, 2014

Norka Babino De Martinez

Signature of a member or authorized representative of a member

NORKA BABINO

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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