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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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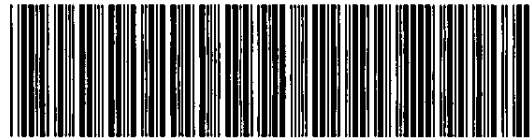
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1791 1310 SEVEN EAGLES COURT L54 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:

**CESAR GUERCIO**

Name of Person

**1791 CANADA LLC**

Firm/Company

**3505 LAKE LYNDY DRIVE #200**

Address

**ORLANDO, FL, 32817**

City/State and Zip Code

**CESAR@1791.CA**

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

For further information concerning this matter, please call:

**CESAR GUERCIO**

Name of Person

at **407 7052024**

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

1791 1310 SEVEN EAGLES COURT L54 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 07/07/2014 and assigned  
Florida document number L14000107188

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)**

**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

Florida

City

SECRETARY OF STATE  
ALABAMA  
14 OCT - 7 PM 4:07  
14

**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.*

**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>
AMBR	1791 CANADA LLC	3505 LAKE LYNDIA DRIVE # 200	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32817	<input type="checkbox"/> Remove
AMBR	LILIANA VECCHIO	Olazabal 1515 of 405	<input checked="" type="checkbox"/> Add
		BUENOS AIRES, 1430.	<input type="checkbox"/> Remove
		ARGENTINA	
AMBR	LETICIA VECCHIO	OLAZABAL 1515 OF 405	<input checked="" type="checkbox"/> Add
		BUENOS AIRES, 1430.	<input type="checkbox"/> Remove
		ARGENTINA	
AMBR	JUAN CARLOS PAILLET	GRAL. SAN MARTIN 3067	<input checked="" type="checkbox"/> Add
		SANTA FE, SF, 3000	<input type="checkbox"/> Remove
		ARGENTINA	
AMBR	PABLO GONZALEZ	PUNTA INDIOS 937	<input checked="" type="checkbox"/> Add
		RADA TILLY, CH, 9001	<input type="checkbox"/> Remove
		ARGENTINA	
AMBR	DAVID A. LEVY	DON BOSCO 1505, 439A	<input checked="" type="checkbox"/> Add
		SAN ISIDRO, BA, 1642	<input type="checkbox"/> Remove
		ARGENTINA	

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**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>
AMBR	FLORENCIA MATALONI	DON BOSCO 1505, 439A	<input checked="" type="checkbox"/> Add
		SAN ISIDRO, BA, 1642	<input type="checkbox"/> Remove
		ARGENTINA	
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 WILLAMSBURG, FLORIDA

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 Sept 30, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**CESAR GUERCIO, 1791 CANADA LLC**

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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