

| (Re | questor's Name) | · |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | egistration Sec ivision of Corp | | | |
|-------------|------------------------------------|--|---|--|
| SUBJECT | | al Estate LLC | | |
| | | Name of Lim | ited Liability Company | |
| | | Amendment and fee(s) are sub- | • | |
| | | Claudio M. Petrini | | |
| | | | Name of Person | reduceron and substitution and substitut |
| | | Resansil Inc. | | |
| | | | Firm/Company | |
| | | 1005 Park Centre Blvd. | | |
| | | | Address | |
| | • | Miami, FL 33169 | | |
| | | | City/State and Zip Code | |
| | | c.petrini@resansil.com | to be used for future annual report notification | TASE 6 |
| For further | information co | e-man address: (| • | BET 31 |
| Claudio M | 1. Petrini | | 786 3750041 | SEE. |
| | Name of | f Person | Area Code Daytime Telep | PILED PH 3: 06 ALLAHASSEE, FLORIDA hone Number |
| Enclosed is | s a check for th | ne following amount: | | , |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Resansil Real Estate LLC | | |
|---|---|--------------------------|
| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab | | and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designation "LLC" or t | he abbreviation "L,L,C." |
| Enter new principal offices address, if applicab | ole: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| • | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE Bo | OX) | |
| | | |
| registered agent and/or the new registered office Name of New Registered Agent: | registered office address on our records, <u>en</u> ce address here: | ter the name of the new |
| New Registered Office Address: | Fata Flaid at an allow | 700 |
| | Enter Florida street address , Florida | ORDER OS |
| | , Florida | Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|--|----------------|
| MGR | Manfred Baumgartner | 1005 Park Centre Blvd | □ Add |
| | | Miami FL 33169 | Remove |
| | | | ☐ Change |
| MGR | Eduardo Bello | 1005 Park Centre Blvd. | ■ Add |
| | | Miami FL 33169 | □ Remove |
| | | | Change |
| MGR | Jose Luis Matallana | 1005 Park Centre Blvd. | |
| | | Miami, FL 33169 | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | E Change |
| | | | Add |
| | | ************************************** | □ Remove |
| | | | □ Change |

| | ord specifies a delayed | | | at 12:01 a m (| on the earlier of |
|--------------|---|-------------------------------|---------------------------------|--------------------------------------|--|
| Note: I | f the date inserted in this bloc nt's effective date on the De | ck does not meet the appl | icable statutory filing req | uirements, this date v | vill not be listed as the |
| (If an effec | re date, if other than the detive date is listed, the date must | be specific and cannot be pri | or to date of filing or more th | optional) nan 90 days after filing.) | Pursuant to 605.0207 (3)(b) |
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Filing Fee: \$25.00