## 108000039499

(Re	questor's Name)	
		•
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
•	, ., .,	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
,		
Continue Continue	0-46-4	-£ C4-4
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	

Office Use Only



800141996428

01/26/09--01044--009 \*\*25.00

FILED

09 JAN 26 PH 2: 2:
SECRETARY OF STATIONAL TALLAHASSEE, FI ORDITAL

D. BRUCE

JAN 27 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Con					
SUBJECT: LATOR	OLLC				+
SUBJECT.		ited Liability Company)	··		-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BRIAN DEL FIERRO				
	*	(Name of Person)		TALL SE	<b>:</b>
	BALWANT CHEEMA, CF	PA .			
		(Firm/Company)		TAR IASS	·
	8301 NW 197TH ST			JAN 26 PA CRETARY OF AHASSEE, F	TED.
		(Address)		STAT STAT	
	MIAMI, FL 33015			IDA CO	<b>5</b> `
		(City/State and Zip Code)			
For further information of	concerning this matter, please c	all:			
BRIAN DEL FIERRO		at ( 786 ) 346-3407			
(Name of Person)		(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	he following amount:				
<b>☑</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Conditional	of Status &	osed)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATORO LLC		·	
(Name of the Limite	d Liability Com A Florida Limite	pany as it now appears on our recor d Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited I	Liability Compa	ny were filed on 04/21/08	and assigned
Florida document number L08000039499			
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
<u>(Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	N/A	09 JAN 26 SECRETARY
B. If amending the registered agent and registered agent and/or the new registered of	or registered	office address on our records, e	enter the mame of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	(E.A., Elevidor	
		(Enter Florida str	reei aaaress)
		(City), Flor	ida(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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANGELINA MARTINIELLO	8301 NW 197TH ST MIAMI, FL 33015	Add Remove
<u>MGR</u>	CONSALVO PELLICCIOTTI	8301 NW 197TH ST MIAMI, FL 33015	☐ Add Remove
MGR	LAURA PELLICCIOTTI	8301 NW 197TH ST MIAMI, FL 33015	Add Remove
MGR	ROBERTO PELLICCIOTTI	8301 NW 197TH ST MIAMI, FL 33015	Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If ame	nding any other information, enter cha	nge(s) here: (Attach additional sheets, ij	f necessary.)
<u>.</u> - -	I/A	·	O9 JAN 26 PA
Dated DEC	CEMBER 2 , 200	<u>8</u> .	SZATE LORDE
	Signature of a mem	ber or authorized representative of a membe	<u>.</u>
	MASSIMO NICASTR	·	
		ned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00