

LOS 000039499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

13 MAR 19 PM 1:54

FILED

B. BOSTICK  
MAR 20 2013  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Latoro 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:

**Aaron Swimmer**

Name of Person

**Swimmer Law Associates PA**

Firm/Company

**1680 Michigan Ave., Suite 1014**

Address

**Miami Beach FL 33139**

City/State and Zip Code

**als@SwimmerLawAssociates.com**

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

For further information concerning this matter, please call:

**Aaron Swimmer**

Name of Person

at ( **305** ) **535-0808**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

TALLAHASSEE, FLORIDA

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

Latoro 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 04/21/2008 and assigned  
Florida document number L08000039499.

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)**

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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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pellicciotti, Antonio	8301 NW 197 Street Miami FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Martiniello, Angelina	8301 NW 197 Street Miami FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pellicciotti, Consalvo	8301 NW 197 Street Miami FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pellicciotti, Laura	8301 NW 197 Street Miami FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pellicciotti, Roberto	8301 NW 197 Street Miami FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

ALLAH ASSOCIATES, FLORIDA

13 JAN 1994 1:55

ADD  
REMOVE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pellicciotti, Antonino	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
MGR	Martiniello, Angelina	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
MGR	Pellicciotti, Consalvo	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
MGR	Pellicciotti, Laura	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
MGR	Pellicciotti, Roberto	1680 Michigan Ave., #1014	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<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.)*

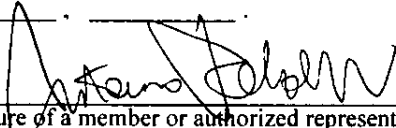
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Dated **3/15/13**



Signature of a member or authorized representative of a member

**Antonino Pellicciotti**

Typed or printed name of signee

**Page 4 of 4**

**Filing Fee: \$25.00**

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**13 MAR 19 PM 1:55**  
**TALLAHASSEE, FLORIDA**