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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MAY 20 2019 S. YOUNG 19 KM -9 FM 6: 40

COVER LETTER

TO: Registration Division of C	Section Corporations				
	A DEVELOPMENT LLC				
Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are submitted for filing.				
Please return all corre	spondence concerning this matter to the following:				
	VITTORIO VIGLIANESI				
	Name of Person				
	Firm/Company 251 N COCONUT LANE				
	Address MIAMI BEACH, FL. 33139				
	City/State and Zip Code MIROVIGLIANESI@GMAIL.COM				
	E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, please call:				
VITTORIO VIGLIA	NESI 305 815-2332 at ()				
Nan	ne of Person Area Code Daytime Telephone Number				
Enclosed is a check for	or 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, 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

MAI TAI DEVELOPMENT LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our rec da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number 1.00000006220	Company were filed on 05/30/2000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		£ 6
		i En
Enter new mailing address, if applicable:		
		::. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<u> </u>	<u> </u>
D If		and and the manufact the man
B. If amending the registered agent and/or reging registered agent and/or the new registered office ad		ras, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SYLVIE ROBERT	251 N COCONUT LANE MIAMI BEACH, FL. 33139	
			■ Remove
			☐ Change
			□ Add
			☐ Remove
			
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

E. En	MAY 6, 2019 fective date, if other than the date of filing: (optional)
<u>No</u>	fective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.
₽°	ted MAY 6 2019
Ua	V: H - V.p (Puz.u-t)

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Typed or printed name of signee

Filing Fee: \$25.00