L10000126691

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



600207298306

05/09/11--01034--008 **25.00

11 MAY -9 AM 108 09

N. Cuffigen MAY 1 1 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LANCIANO 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:
Karina Bruschetti Name of Person
Team Real Estate LLC Firm/Company
2801 NE 28th Terrace 2nd Floor Address
Aventura - FL 33180 City/State and Zip Code
- Karina Dteamre manage mont. com
For further information concerning this matter, please call:
Karina L. Bruschetti at (36) 454-0915 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$

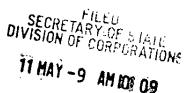
MAILING ADDRESS:

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



1		
Lancie	ano LLC	
	lity Company as it now appears on our records.) da Limited Liability Company)	_
(A Flori	da Limited Liability Company)	
	17 10 2015	
The Articles of Organization for this Limited Liability	y Company were filed on _ \ \ Z - \ O - 20\ O_ an	ıd assigned
Florida document number <u>L1000012669</u>	<u>l</u> .	
This amendment is submitted to amend the following		
This amendment is submitted to amend the following	•	
A. If amending name, enter the new name of the l	imited liability company here:	
"L.L.C."	words "Limited Liability Company," the designation "LLC" of	r the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning daires in the BEAT OF OTTICE DOM		
	gistered office address on our records, enter the name	me of the new
registered agent and/or the new registered office a	adress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
_	,	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 Title **Name Address Type of Action** MGRM1 Remove Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Typed or printed name of signee

Signature of a member or authorized representative of a member

Bruschet

Filing Fee: \$25.00