#1 11000058170

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K. SALY EXAMINER NOV - 9 2012

COVER LETTER

TO: Registration Section **Division of Corporations**

NUMERO 99 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:

Eric van der Vlugt

Name of Person

Clear Title Services, Inc.

Firm/Company

1111 Kane Concourse #209

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

marco.baggioli@uk.bnpparibas.com

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

For further information concerning this matter, please call:

Eric van der Vlugt

at (305)865-5718
Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fce & 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 Tallahassec, FL 32301

2 MOV 8 PM 2:39

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUMERO 99 LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on Climited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L11000058170</u>		
This amendment is submitted to amend the following:	<u> </u>	
I ms amendment is submitted to amend the following.		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," (the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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 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
MGRM	Marco Baggioli	26 EBNER STREET	Add
		LONDON, EN SW18 -1BT, UK	Remove
			-
MGR	Angela Beri	Corso Emanuele Filiberto 49	Add
		23900, Lecco, Italy	Remove
	•		- □
			_ [] Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
	-		Remove

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary	<i>:)</i>
•		
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cu		
	3	
	Signature of a member or authorized representative of a member	
	MARCO BAGGIOLI	
	Typed or printed name of signee	

Page 3 of 2

Filing Fee: \$25.00