

43000153174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

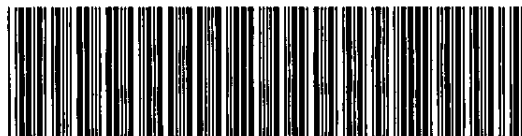
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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11/17/14--01024--014 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 17 PM 12:29

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FOR OFFICIAL USE ONLY

EFFECTIVE DATE 11/20/14

NOV 25 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINA'S PROPERTY, 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:

OSCAR PLATONE
Name of Person

Firm/Company

306 WHITFIELD
Address

SARASOTA, FL 34243
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL RYAN at (252) 765-0421
Name of Person Area Code Daytime Telephone Number

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

PINA'S PROPERTY 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 OCT. 30, 2013 and assigned Florida document number L13000153174.

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)

306 WHITEFIELD

SARASOTA, FL 34232

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

306 WHITEFIELD

SARASOTA, FL 34232

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:

OSCAR PLATONE

New Registered Office Address:

306 WHITEFIELD

Enter Florida street address

SARASOTA

City

Florida

34232

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 11/28/14

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

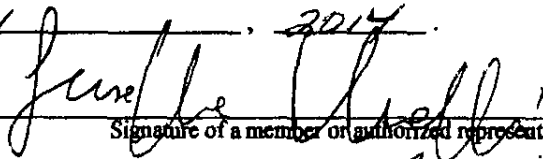
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FEDERICO TORRES	310 WHITEFIELD	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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CLERK OF STATE
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: November 20, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11-11, 2014.



Signature of a member or authorized representative of a member

GIUSEPPINA MAGGI

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA