

SEP/22/2014/MON 12:12 PM  
9/4/2014

L140000 FAX No. 83861  
Division of Corporations

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SERFATY LAW, P.A.  
Account Number : I20060000161  
Phone : (305)722-8555  
Fax Number : (305)722-9555

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VIA EMILIA 9, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Via Emilia 9 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 May 23 2014 and assigned Florida document number L14000083861

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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:

n/a

New Registered Office Address:

Enter Florida street address

City, Florida 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

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[1121 00048 2173]

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>
--------------	-------------	----------------	-----------------------

MGR	Francesco Prandini	750 NE 64th st ste B204	<input checked="" type="checkbox"/> Add
		Miami FL 33138	<input type="checkbox"/> Remove

MGR	Giancarlo Cacciatori	750 NE 64th st ste B204	<input checked="" type="checkbox"/> Add
		Miami FL 33138	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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FAX No.

P. 004  
[H14 000208214 3]

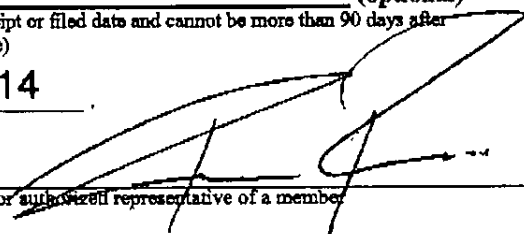
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 September 18, 2014



Signature of a member or authorized representative of a member

**Francesco Prandini**

Typed or printed name of signee

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Filing Fee: \$25.00

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