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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Ciling Officer:	
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Office Use Only



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RECEIVED

J. HARRIE

COVER LETTER

10:		ation Secti 1 of Corpo				
SUBJE	200	nguageasy l				
30 631				ited Liability Company	·	
The en	closed Art	icles of An	nendment and fee(s) are sub	mitted for filing.		
Please	return all o	correspond	ence concerning this matter	to the following:		
			Valerio Spinaci			
				Name of Person		
			Finizio&Finizio			
				Firm/Company	m/Company	
		Firm/Company 106 SE 9TH STREET				
				Address		
			Fort Lauderdale, FL 33316	5		
				City/State and Zip Code		
			valeriospinaci@gmail.com	to be used for future annual		<u> </u>
For fur	ther inforr	nation cond	cerning this matter, please ca		report nottheattor	1)
Valeri	o Spinaci			954 225 at ()	5-0243	
		Name of Pe	erson	Area Code	Daytime Telep	phone Number
Enclos	ed is a che	eck for the f	following amount:			
\$2:	5.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2016

MASSINO REBOA FINIZIO & FINIZIO 150 NE 15TH AVE FORT LAUDERDALE, FL 33301

SUBJECT: LANGUAGEASY LLC Ref. Number: L15000096566

We have received your document for LANGUAGEASY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00021576

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa	ny as it now appears on ou	r records.)		
	(A Florida Limited	nny as it now appears on ou Liability Company)	,		
The Articles of Organization for this Limited I Florida document number L15000096566	were filed on 06/02/201	15	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if appli	cable:	347 N New River Dr. I	Е РН4		
(Principal office address MUST BE A STRE	Fort Lauderdale, FL 33	3301			
				- 6	
Enter new mailing address, if applicable:	347 N New River Dr. I	E PH4	12.1.3	表部 等等性 要求性	
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, FL 33	3301	7	2.1.1
<u> </u>	<u> </u>			ယ္	
				23	- 3
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter th</u>	e name of	the new
Name of New Registered Agent:	Salvatore Mulè	:			
New Registered Office Address:	347 N New Riv	ver Dr. E PH4			
THE REGISTER STREET FRANCES.		Enter Florida stre	et address		
	Fort Lauderdal	e	, Florida	i	
		City	, _	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg	per and complete	performance of my du	ties, and I am fam	iiliar with c	and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	Valerio Spinaci	106 SE 9th Street	
		Fort Lauderdale, FL 33316	■ Remove
			□ Change
MGR	Salvatore Mulè	347 N New River Dr. E PH4	∃ Add
		Fort Lauderdale, FL 33301	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
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If an effect	e date, if other than the ive date is listed, the date muthe date inserted in this but's effective date on the I	ust be specific and block does not m	cannot be prior to eet the applicat	ole statutory filing	re than 90 days after requirements, the	is date will not	t to 605.0207 be listed as
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Page 3 of 3

Filing Fee: \$25.00