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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
16 OCT -3 PM 4:52

OCT 04 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALCARO FRAN 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:

MARIANO SANCHEZ
Name of Person

VALCARO FRAN LLC
Firm/Company

2905 NE 185th ST #1403
Address

AVENUE FL 33180
City/State and Zip Code

mariano ca sanchez@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MARIANO SANCHEZ at (305) 399 7788
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & 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
Tallahassee, FL 32301

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

(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 _____ and assigned
Florida document number _____

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 contain 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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida 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 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BARBARA CUBISINO DI GERONIMO	9101 E. BAY HARBOR DR. UNIT 306 BAY HARBOR ISLANDS FL 33154	☒ Add ☐ Remove ☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 16, 2016

Signature of a member or authorized representative of a member

MARIANO SANCHEZ

Typed or printed name of signee

BAY HARBOR ISLANDS FL (USA)

RESIDENZA / RESIDENCE / DOMICILE (11)**RESIDENZA / RESIDENCE / DOMICILE (11)**

STATURA / HEIGHT / TALLE (12)

154

COLORE DEGLI OCCHI / COLOUR OF EYES / COULEUR DES YEUX (13)

MARRONI

PASSAPORTO
PASSPORT
PASSEPORT

REPUBBLICA ITALIANA

Typo. Type. Type. Codice Paese. Code of issuing State. Code du Pays émetteur. Passaporto N. Passport No. Passeport N°.

P I T A

YA7969462

Cognome, Surname, Nom. (1)

CUBISINO DI GERONIMO

Home. Given Names. Prénoms. (2)

BARBARA

Citizenship. Nationality. Nationalité. (3)

ITALIANA

Data di nascita. Date of birth. Date de naissance. (4)

23 DIC/DEC 1972

Sesso. Sex. Sexe. (5) Luogo di nascita. Place of birth. Lieu de naissance. (6)

F CATANIA (CT)

Data di rilascio. Date of issue. Date de délivrance: (7)

25 GIU/JUN 2015

Date of performance: Date of study: Date of revision: (m)

Data di scadenza: Date of expiry: Date d'expiration: 24 GIU / JUN 2025

Autorità: Authority: Autorité: (9)
MINISTRO AFFARI ESTERI
E COOPERAZIONE INTERNAZIONALE
Firma del titolare: (10)
 Holder's signature / Signature du titulaire

Barbara Cushman

P<ITACUBISINO<DI<GERONIMO<<BARBARA<<<<<<<<<
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