1/30/2010

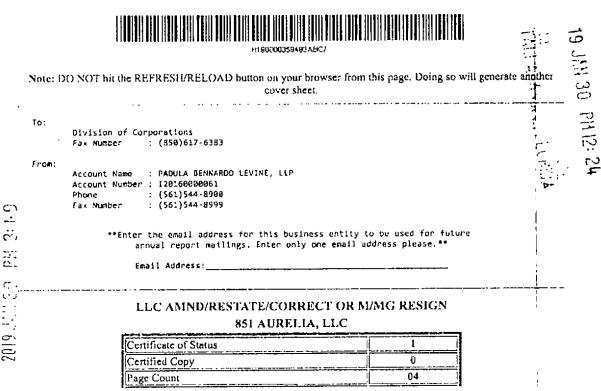
OMision of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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01/30/2019 12:32 PM PST TO:18506176383 FROM:5615448999 Page: 3

Patimated Charge \$30.00

Corporate Filing Menu

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Page:

COVER LETTER

TO: Registration Se Division of Cor			!			
851 Aurelia	a, LLC					
SUBJECT:Name of Limited Liability Company						
	Amendment and fee(s) are sub-		1			
Cristofer A Bennardo						
Name of Person						
	Pudulu Bennardo Levine					
Firm/Company						
3837 NW Boca Raton Blvd., Ste 200						
	Address					
	Boca Raton, FL 33431					
	City/State and Zip Code jc@pbl-law.com					
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	concerning this matter, please co	all:	!			
Joanne Curran		561 544-8900 ut ()				
Name of Person		Area Code Daytime	: Telephone Number			
Enclosed is a check for t	he following amount.		1			
□ \$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			
\$4.11	ING AMDECC	STRFFT/COURL	FR ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURTER AT Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, Fl. 32301

Page:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010	12102 111 701	10.100001.5000 1.000.000	1 40
		ARTICLES OF AMENDMENTO	19 (13) PH 12: 25
		ARTICLES OF ORGANIZAT	ION 6/1/2:2:
		OF	
	851 Aurelia, LLC		1000
		the Limited Liability Company as it now appears (A Florida Limited Liability Company)	
The Artic	les of Organization for this L	mited Liability Company were filed on Feb	ruary 1, 2016 and assigned
	ocument number <u>L160000220</u>		1
	ndment is submitted to amend		
A. If am	ending name, enter the new	name of the limited liability company her	<u>re</u> :
771	to the limit and as	stain the words "Limited Liability Company," the de	signation "I I C" on the abbreviation "I. I C"
			angulation below the motivation of the second
	w principal offices address,		
(Principa	l office address MUST BE A	STREET ADDRESS)	
Enter new mailing address, if applicable:			
(Mailing	<u>address MAY BE A POST O</u>	FFICE BOX)	1
	nending the registered ago		our records, enter the name of the new
į	Name of New Registered Age	nt: Massimiliano DeBiasc	
:	New Registered Office Addre	ss: 333 SE Mizner Bivd	
CONTROL PROPERTY OF THE PROPER		Enter Flori	da street address
		Boca Raton	Florida 33432
		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

Page:

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>	Type of Action
MGR	Tamara Jovic	333 SE Mizner Blvd	☐ Add
·		Boca Raton, FL 33432	700
			Remove
			Change
MGR	Massimiliano DeBiase	333 SE Mizner Blvd	,
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D D D D D	,Add
		Boca Raton, FL 33432	Remove
			Remove
			□ Change
			75
	parameters for Alexandra systems of the second systems of the second sec		Add =
			Add J. 33 Remove PH Change 72
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			Add
			□ Remove
			Change

TO:18506176383 FROM:5615448999 12:32 PM PST D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: _ (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 _ Signature of a member or authorized representative of a member Massini liano De Psiase.
Typed or printed name of signee

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Filing Fee: \$25.00