## 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.

(((H160000845963)))



H160000845963ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number : I20110000064 Phone : (305)381-8500

Fax Number : (305)381-6225

\*\*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.\*\*

Email Address: nmun 020 marcell felipe. com

6 APR -5 PM 1:5

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JASDI PROPERTIES LLC

Certificate of Status	0
Certified Copy_	0
Page Count	03
Estimated Charge	\$25.00

APR 0 6 2016

**HelpULKER** 

Electronic Filing Menu

Corporate Filing Menu

JASDI PROPERTIES LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H16000084596 3

(Name of the Limited Liability Compa (A Plorida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 2/10/2016	and assigned
Florida document number L16000028647		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	illity company here:	
DISEGNO 57 LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or ti	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	300 Holiday Drive	
(Principal office address MUST BE A STREET ADDRESS)	Hallandale, FL 33009	
Enter new mailing address, if applicable:	300 Holiday Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Hallandale, FL 33009	
		5
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>en</u> e:	ter the name of the ne
•	_	8 5
Name of New Registered Agent:		Da C
New Registered Office Address:	•	Section de
	Enter Florida street address	200
	City	Zip Code

New Revistored 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 1 of 3

04/05/2016 13:31

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H1600084596 3 H16000084596 3

MGR = Manager AMBR = Authorized Member

3053816225

<u>Tjtle</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Montagna		□ Add
			Remove
			Change
MGR	Aixa Roversi	300 Holiday Drive	\^dd
		Hallandale, FL 33009	□ Remove
			Change
			(I) Add
			🖸 Remove
			□ Change
<b>~</b>			DANG D
			Remove
			er 🖸 Change
			□ Add
		-	□ Remove
			Change
			D Add
			☐ Regiove
			☐ Change

	<b>T</b>			
	·	<del></del>	·	
	<del></del>			
	•		<u></u>	
			<del></del>	
		<u> </u>	16	
			APR	
			<del></del>	,
				٠
				~~
ective date, if other than the date of filing:	(optional)	San a	N	
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than the listed inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	90 days after filing.) rements, this date w	Pursuani to vill not be	605.020 listed a	17 (3) s the
record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. o	n the e	arlier o	of:
ted March 11 2016				
Signature of a member or authorized representative of a me	mber		-	
$\sim$ $\sim$ $\sim$				

Page 3 of 3

Filing Fee: \$25.00