116000136053

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ANDOUN Name of Lim	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	unendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ANDREA	Name of Person	
		Name of Person	
	MANDOL	Firm/Company	
		Firm/Company	
	1100 S.M	LAMI AV. APT	4211
		Address	[
	MIAMI -	FL - 3S(30) City/State and Zip Code	
	2 c3/3 ce	Danil com	calion)
For further information co	ncerning this matter, please co	-	cauni
ANDREA	CALACE	at (786) 255-0 Area Code Daytime	0063
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

MANDOLIN L	ル		
(Name of the Limited Labi	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L16000136053</u>	Company were filed on _ 7/ 	(20/16 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	6:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the dea	ignation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:		5	क
(Mailing address MAY BE A POST OFFICE BOX)			15 24
B. If amending the registered agent and/or registered agent and/or the new registered office ad-			of the new
Name of New Registered Agent:			<u>e</u>
New Registered Office Address:	Enter Floria	la street address	
,	City	, Florida	· · · · · · · · · · · · · · · · · · ·

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>	Name	Address	Type of Action
AMBR	GIANLUCA CALACE	PIATTETTA CONCIAPELL	1,120(Add
		35137-PADOVA-1TAL	Remove
			☐ Change
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			Change
			Add
			Remove
			Change
			Add
		<u></u>	Remove
			Change G
			DAdd -
			D Remove
			© Change
			Add
			C Remove
			Channa .

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
	
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7/27/16	624 488
Effective date, if other than the date of filing: 7/28/16 (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.) Prior to date of filing or more than 90 days after filing.)	ursuant to 605,0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	O- 12
	1 5
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	the earlier of:
Dated $\frac{7}{25}/16$	
1000 co	
Signature of a member or authorized representative of a member	
ANDREA CALACE	
ANDREA CALACE Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00