## L17000193183

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O: Registration Se Division of Co			
Giordano I	Real Estate LLC		
	Name of Limited Liability Com	эапу	
ne enclosed Articles of	Amendment and fee(s) are submitted for filing.		
ease return all correspo	ondence concerning this matter to the following:		
	Micheli M Giordano		
	Name of Pe	rson	<del> </del>
	Firm/Comp	any	······································
	402 Se 4 Terrace		
	Address		
	Dania Beach FL 33004		
	City/State and Z	ip Code	
	mpena@bookkeepingandbeyondinc.com		
	E-mail address: (to be used for future	e annual report notifi	cation)
or further information o	concerning this matter, please call:	•	
farta pena	954 at (	922-3225	
Name o	of Person Area C	ode Daytime	Telephone Number
inclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Fili Certificate of Status		☐ \$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 ORGANIZATION OF

GIORDANO REAL ESTATE LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000193183</u> .	were filed on September 18, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Micheli Melo Giordano LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	same as before
Enter new mailing address, if applicable:	same as before
(Mailing address MAY BE A POST OFFICE BOX)	·
(Mulling dataress MAT BE A FOST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publications of the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	iging Registered Agent, Signature of New Registered Hent

Page 1 of 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated_	SEPTEMBER 231d., 2017.
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	// ///// // // // // // // // // // //
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or alithorized representative of a member  MUNEU ILEO GLORDANO.  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00