## 14000102347

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SEGRETARY OF STATE

B. BOSTICK
NOV 2 4 2014
EXAMINER

## **COVER LETTER**

Division of Cor					
D'IGNAZ	I INVESTMENT LLC				
SUBJECT:	Name of Limi	ited Liability Company			
	Amendment and fee(s) are sub-	-			
	UMBERTO D'IGNAZ	ZI			
		Name of Person			
	D'IGNAZI INVESTM	IENT LLC			
		Firm/Company			
	9453 SW 171 AVE				
		Address			
	MIAMI, FL 33196				
		City/State and Zip Code		至6 題	
	mededomenico@hot				T
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notificall:	ation)	ZH HOV IT P 12: SEGRETARY OF STA ALLAHASSEE, FLOR	
UMBERTO D'IGNA	AZI	321 7046637		THE TO	C
Name o	f Person		Telephone Number	WATE O.	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

D'IGNAZI INVESTMENT L		•			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as <mark>it now appears on our recor</mark> Liability Company)	ds.)		-
The Articles of Organization for this Limited L Florida document number <u>L14000102847</u>	iability Company	were filed on 06/26/2014		and a	assigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
N/A					
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the designation "LI	.C" or the abl	reviation	"L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		N/A	1		
		F. 33			
			कि जा जिल्ला	否	
Enter new mailing address, if applicable:		N/A	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		(T)
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	_22_	
				0	
B. If amending the registered agent and registered agent and/or the new registered of	_		ls, <u>enter t</u>	he nam	ne of the nev
Name of New Registered Agent:	1N/A				
New Registered Office Address:	N/A			•	
		Enter Florida street addre	266		

## 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Page 3 of 3

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