

H19000358463  
Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARTINI&CRIPPA LLC

|                       |         |
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MARTINI & CRIPPA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2019 and assigned  
Florida document number L19000031705

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3111 N UNIVERSITY DR STE 105

(Principal office address **MUST BE A STREET ADDRESS**)

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

3111 N UNIVERSITY DR STE 105

(Mailing address **MAY BE A POST OFFICE BOX**)

CORAL SPRINGS, FL 33065

**B. If amending the registered agent and/or registered office address on our record, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: CSI, R.A. LLC

New Registered Office Address: 1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

Florida 33161

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

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

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MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                 | <u>Address</u>               | <u>Type of Action</u>                   |
|--------------|-----------------------------|------------------------------|-----------------------------------------|
| AMBR         | CRIPPA, MAURO A             | 3111 N UNIVERSITY DR STE 105 | <input type="checkbox"/> Add            |
|              |                             | CORAL SPRINGS, FL 33065      | <input type="checkbox"/> Remove         |
|              |                             |                              | <input type="checkbox"/> Change         |
| AMBR         | GIANNIBILO MARTINI FRANCO E | 3111 N UNIVERSITY DR STE 105 | <input checked="" type="checkbox"/> Add |
|              |                             | CORAL SPRINGS, FL 33065      | <input type="checkbox"/> Remove         |
|              |                             |                              | <input type="checkbox"/> Change         |
| MGR          | CSI RA LLC                  | 1549 NE 123RD ST             | <input checked="" type="checkbox"/> Add |
|              |                             | NORTH MIAMI, FL 33161        | <input type="checkbox"/> Remove         |
|              |                             |                              | <input type="checkbox"/> Change         |
|              |                             |                              | <input type="checkbox"/> Add            |
|              |                             |                              | <input type="checkbox"/> Remove         |
|              |                             |                              | <input type="checkbox"/> Change         |
|              |                             |                              | <input type="checkbox"/> Add            |
|              |                             |                              | <input type="checkbox"/> Remove         |
|              |                             |                              | <input type="checkbox"/> Change         |
|              |                             |                              | <input type="checkbox"/> Add            |
|              |                             |                              | <input type="checkbox"/> Remove         |
|              |                             |                              | <input type="checkbox"/> Change         |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

ADD EIN# 83-4301761

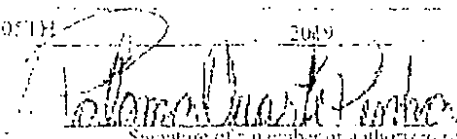
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(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.) (Enacted in 2015, 2017 & 2019)*

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 NOVEMBER 05TH

2019



Signature of a member or authorized representative of a member

PALOMA D. PINTA

Typed or printed name of signer

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