## ESI OCCOUNT

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #	<del>(</del> f)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name	9)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	· · · · · · · · · · · · · · · · · · ·



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2016 JAN 27 P 3 4C LECRETARY OF STATE LIAHASSEE, FLORID.

FILED

JAN 28 2016

**S MASON** 

2563 707



January 13, 2016

STEWART KASNER 1111 BRICKELL AVE SUITE 1700 MIAMI, FL 33131

SUBJECT: ALMA-THE SOUL OF ITALIAN WINE LLLP

Ref. Number: A1100000182

We have received your document for ALMA-THE SOUL OF ITALIAN WINE LLLP and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 916A00000811

Justin M Shivers Regulatory Specialist III Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

	on Section of Corporations	•			
SUBJECT:	ALMA - The	e Soul of Italian W	ine LLLP		
	Name of Florida Limited Pa	irtnership or Limited Liabili	ty Limited Partnership		
The enclosed Ce	tificate of Amendment a	and fee(s) are submitted	l for filing.		
Please return all	correspondence concerni	ng this matter to:			
	Stewart L. Kasner	·			
	Contact Person				
Baker & McKenzie LLP					
	Firm/Company				
111	1111 Brickell Ave., Suite 1700				
	Address				
	Miami, Florida 33131	•			
	City, State and Zip Code	<del></del>			
stewar	t.kasner@bakermcker	nzie.com			
E-mail address	(to be used for future annual	report notification)			
For further inform	nation concerning this m	atter, please call:			
Ste	wart Kasner	at ( '305 )	789-8940		
Name of Co	ontact Person	Area Code and Day	time Telephone Number		
Enclosed is a che	ck for the following amo	ount:			
<b>√</b> \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDR Registration Sect Division of Corpo Clifton Building 2661 Executive C	ion orations Center Circle	• MAILING Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 327		

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF '

ALMA - The So	ul of Italian Wine LLLP
Insert name currently on f	file with Florida Department of State
limited liability limited partnership, whose certif	Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on orida document number A1100000182
	n de la companya de
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the here:	limited partnership or limited liability limited partnership
New name must be distinguis	shable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registered agent and/or the new registered offi	tered office address on our records, enter the name of the ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	(Art C. 14
•	FE FLOR

Page 1 of 3

## 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.

<u>itle</u>	<u>Name</u>	Address	Type of Action
iP	Pier Marco Olivieri	9429 Harding Avenue Suite 63 Surfside, FL 33154	Add Remove
<del></del>			Add Remove
<del></del>			Add: JAN 2
			ー □ Remove 5
<u>-</u>			Add Remove
		•	<del></del>

F. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
·	•
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days a State.)	ifter the date this document is filed by the Florida Department of
Signature(s) of a general partner or all general (*NOTE: Only one current general partner is required to removing a "limited liability limited partnership" election when adding or removing a "limited liability limited partnership".	sign this document unless the limited partnership is adding or statement. Chapter 620, F.S., requires all general partners to sign
AS-14	•
Signature(s) of all new or dissociating general p	eartner(s), if any:
Her ypred Des.	
	Z Z
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	ARY OF STAT