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TALLAHASSEE FLORE

COVER LETTER

TO: Registration Se Division of Cor				
Vito, LLC SUBJECT:				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alessandro A. Giannini			
		Name of Person		
	Vito, LLC			न हैं
		Firm/Company		8 2
	5020 Clark Road, Unit 426			16 OCT 17
		Address		P
	Sarasota, FL 34233			04 th #0
	alexgiannini@gadfl.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please ca	all:		
Alessandro A. Giannini		941 350-4637 at ()		
Name o	of Person		Telephone Number	_
Enclosed is a check for t	he 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 Certificate of Certified Cop (additional copy	Status &
	JNG ADDRESS: ration Section	STREET/COURING Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vito, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on September 15, 2004	and assigned
lorida document number L04000067783		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the a	. """ - 11"
Inter new principal offices address, if applicable:		0 0
Principal office address MUST BE A STREET ADDR	(ESS)	当
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		P
inter new mailing address, if applicable:		£ 55
Mailing address MAY BE A POST OFFICE BOX)		o gm
. If amending the registered agent and/or registered agent and/or the new registered office addi	tered office address on our records, <u>enter</u> ress here:	the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7.71
	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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joseph A. Gacta, Jr.	5740 Midnight Pass Road #404F	
		Sarasota, FL 34242	■ Remove
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			□ Add
			Remove
			Add H. F. O.
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The 90	th day after the re	ecord is file	d.	not un circe	ave ame, at 1	zior am, ore	ic comer
ted	DOTOBER	13	2016				
4.00							
		Signature of	a member or a	thorizot teorese	ntative of a member	•	
		-			or a memor	•	
	Alessandro A. Gianni	ni					

Page 3 of 3

Filing Fee: \$25.00