

L05000068505

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J. BRYAN

JUN 26 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FOUR POINTS LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLO PIRAS  
(Name of Person)  
FOUR POINTS LLC  
(Firm/Company)  
1409 MAIN STREET  
(Address)  
SARASOTA FL 34236  
(City/State and Zip Code)

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For further information concerning this matter, please call:

CARLO PIRAS at (341) 266 9827 / 341 365 1026  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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 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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FOUR POINTS LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 07/07/2005 and assigned  
Florida document number L05000068505

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 end with the words "Limited Liability 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)

1409 MAIN STREET  
SARASOTA FLORIDA  
34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1409 MAIN STREET  
SARASOTA FLORIDA  
34236

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

Name of New Registered Agent:

CARLO PIRAS

New Registered Office Address:

1409 MAIN STREET SARASOTA

(Enter Florida street address)

SARASOTA, Florida 34236  
(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 608, 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)

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLO PIRAS	1409 MAIN STREET SARASOTA FLORIDA 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DINO CARTA	1409 MAIN STREET SARASOTA FLORIDA 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DANIELE BARONI	1409 MAIN STREET SARASOTA FLORIDA 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALESSANDRO ROSSI	1409 MAIN STREET SARASOTA FLORIDA 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GIOVANNI MIGLIORINI	1409 MAIN STREET SARASOTA FLORIDA 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GIOVANNI MIGLIORINI	1298 N. PALM AVENUE SARASOTA FLORIDA 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated 6-23-08

Signature of a member or authorized representative of a member

CARLO PIRAS

Typed or printed name of signee

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