

LO6000063124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

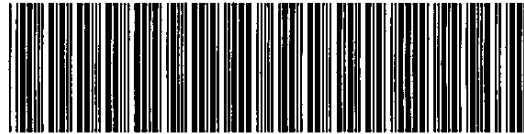
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMMOBILIARE CVD USA 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:

FABIO VISCONTI

(Name of Person)

(Firm/Company)

520 WEST AVENUE #2104

(Address)

MIAMI BEACH, FL. 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

FABIO VISCONTI

(Name of Person)

at (786) 797-7037

(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 &
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(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**

IMMOBILIARE CVD USA LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 06/21/06 and assigned document number L06000063124.

SECOND: This amendment is submitted to amend the following:

New Principal Place of Business: 520 West Avenue #2104

Miami Beach, FL. 33139

New MGR: Immobiliare CVD SPA

New MGR Address: Piazza Dei Martiri #30

80121 Napoli, Italy

Delete MGR: Vincenzo, Scotti

New Registered Agent & Authorized Rep: Fabio Visconti

New Registered Agent Address: 520 West Avenue #2104

Miami Beach, FL. 33139

New Registered Agent Signature: 

Dated September 19, 2006.

 (Prior AUTH REP)

Signature of a member or authorized representative of a member

MONICA ZIMA (Prior AUTH REP)

Typed or printed name of signee

FABIO VISCONTI

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA