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COVER LETTER

T(egistration Sectivision of Corp			·		
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St							
Th	e enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Ple	ease retui	rn all correspo	ndence concerning this matter	to the following:			
			David M. Turner				
				Name of Person			
			Turner & Associates, LLP				
	200 So Biscayne Blvd., Suite 1770						
			City/State and Zip Code				
			E-mail address: ()	to be used for future annual report not	ification)		
Fo	r further	information co	oncerning this matter, please ca	all:			
D	avid M.	Furner		305 377-0707 at ()			
_		ne Telephone Number					
En	closed is	a check for th	ne 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

FILED MYRET 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 October 9, 2006 SECRETARY OF STARSSIGNED TALLAHASSEE, FLORIDA Florida document number L06000098571 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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
MGR	Gabriele Luigi Rubini	200 So Biscayne Blvd., #1770 Miami, FL 33131	= Add
			□ Remove
			Change
MGR	Alessandra Rubini	200 So Biscayne Blvd., #1770 Miami, Ft. 33131	■ Add
			Remove
			Change
MGR	Maria Cesira Oldini	200 So Biscayne Blvd., #1770 Miami, FL 33131	■ Add
			□ Remove
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Effective dut	o if other than the dat	o of filing:		(antional)	
Note: If the d	the is listed, the date must be state inserted in this block of fective date on the Depart	does not meet the appli	cable statutory filing req	(optional) an 90 days after filing.) Pursuan airements, this date will not	t to 605.020' be listed as
The 90th	day after the record		ot an effective time	at 12:01 a.m. on the	earlier o
Dated July 17	,	. 2019	AM X		
	Sion	isture of a member or aut	forized representative of a r	nember	

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Typed or printed name of signee

Filing Fee: \$25.00