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| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | Certificate | s of Status |
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| L. SELLERS | | |
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SECKETARY OF STATE TALLANASSEE, FLORIDA

AUG 23 PM 6: 5

COVER LETTER

| TO: | Registration Sec Division of Corp | | | 47. |
|--------|--------------------------------------|--|--|--|
| SUBJ | ect. | CIAO BELLA | OF LAKELAND, LI | _C |
| 30001 | | | ted Liability Company | |
| The en | closed Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspon | dence concerning this matter | to the following: | |
| | DOMINEC VERILO | | | |
| | | | Name of Person | |
| | | CIAO B | ELLA OF LAKELAND |), LLC |
| | | | Firm/Company | |
| | | 5369 NO | RTH SOCRUM LOOF | PROAD |
| | | | Address | |
| | • , | I AKI | ELAND, FLORIDA 33 | 809 |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual repo | ort notification) |
| For fu | ther information co | ncerning this matter, please of | - | , |
| | (ENIA I)E | ED D 144 DOLL | | 044 0000 |
| | JENNIF Name of | ER R. MARCHI Person | at (<u>863</u>) Area Code & | 944-3989 Daytime Telephone Number |
| | | | | , |
| Enclos | ed is a check for the | e following amount: | | |
| \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registra | NG ADDRESS: tion Section of Corporations x 6327 | Registration | Corporations |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CIAO BELLA OF I | LAKELAND, | LLC | | | |
|--|--|-------------------------|---------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appea Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on | 4/19/2007 | and ass | igned | |
| Florida document numberL0700042443 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company he | <u>re</u> : | | | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Compa | any," the designation " | LLC" or the a | abbreviation | |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | 5369 NORTH | SOCRUM LOO | P ROAD | | |
| (Mailing address MAY BE A POST OFFICE BOX) | LAKELAND, FLORIDA 33809 | | | | |
| | | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | our records, enter | the name o | f the new | |
| - Carlotte and the second seco | - ' | | TAE 73 | | |
| Name of New Registered Agent: | | | TAN AN | #10.074g | |
| New Registered Office Address: | | | 323 TAR/ TASS | in the same of the | |
| | Er | nter Florida street ad | dress | | |
| - | Citv | , Florida | EZip Cod | <u> </u> | |
| | ~, | | | | |

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.

New Registered Agent's Signature, if changing Registered Agent:

1

If 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 = Mans MGRM = Ma | ager anaging Member | | |
|-------------------------|-------------------------------|---|-------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | DOMENIC VERILO | 5369 NORTH SOCRUM LOOP ROAD Lakeland, Florida 33809 | Add Remove |
| <u>VP</u> | LIVIA VERILO | 5369 NORTH SOCRUM LOOP ROAD LAKELAND, FLORIDA 33809 | ✓ Add □ Remove |
| | | | Add Remove |
| D. If amendi | ng any other information, ent | ter change(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | |
| <u> </u> | 21-2012 | | _ |
| Dated 3 | Zow | a member or authorized representative of a member | |
| | | DOMENIC VERILO Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00