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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MIRAMARE RISTORANTE LUC 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:
Alyse Sinzieri Name of Person
REST GROUDILLC Firm/Company
4236 EUF Shore Blvd N
City/State and Zip Code Five Sin Z (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 297-2089 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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



December 28, 2018

ALYSE SINZIERI 4236 GULFSHORE BLVD. N NAPLES, FL 34103

SUBJECT: MIRAMARE RISTORANTE, LLC

Ref. Number: L08000066613

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 218A00026449

Claretha Golden Regulatory Specialist II

ECLIVED



December 4, 2018

ALYSE SINZIERI 4236 GULFSHORE BLVD. N NAPLES, FL 34103

SUBJECT: MIRAMARE RISTORANTE, LLC

Ref. Number: L08000066613

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 118A00024748

RECEIVED

SIBDEC 26 PM 4: 04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MIRAMARER	RISTURA	NTE, LL	- ·	2019 JAN 23	AM 11: 31
(Name of the Limi	ted Linbility Company (A Florida Limited Lial	as it now appears on on ulity Company)	r records.)	in AhAS	OF STATE
The Articles of Organization for this Limited L Florida document number	iability Company wo	ere filed on	110120		- · · · ·
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name of	of the limited Habilit	y company here:			
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designati	on "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applic	cable:	······			
(Principal office address MUST BE A STREE	ET ADDRESS)				
	•		 		
Enter new maifing address, if applicable: (Mailing address MAY BE A POST OFFICE	- <u>BOX)</u> _				
	-				
B. If amending the registered agent and registered agent and/or the new registered or	_	e address on our	records, <u>ent</u>	er the name (of the new
Name of New Registered Agent:	Alyse	_ Sinzi	eri		
New Registered Office Address:	42366	Enter Florida stre	2 13 [VC]	V	<u> </u>
	Naple	City	, Florida	3410 Zip Code	3

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 = Anthorized Member <u>Address</u> Type of Action Title Name AMBR REST GROUP, LLC 4236 GULF Shore Blod North Naples, FL 34103 ☐ Change AMBR Salvatore Sinzière 123 FORESTUDOD DROADE Naples, FC 34110 PREMOVE AMBR Alyse Sinziery 123 Forestwood De Brass Naples, FC 34110 - Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change

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Offective	e date, if other than the date of filing:
f an effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tale to effective date on the Department of State's records.
uocumen	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ne recon	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
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ne recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ne recoi	
ne recor The 9	Oth day after the record is filed. Nov 19, 2018.
ne recor The 9	Oth day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00