

Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATION
Account Number : 075410001634
Phone : (305) 442-4994
Fax Number : (305) 442-2389

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MOLTENI DD, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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08 OCT -2 AM 6:34

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TALLAHASSEE, FLORIDA

08 OCT -2 AM 8:47

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DIVISION OF CORPORATIONS

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G. MCLEOD

OCT -3 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Molteni DD, 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:

Russell King
(Name of Person)

Camner, Lipsitz & Poller, PA
(Firm/Company)

550 NE 34 Street, #2303
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Russell King at (305) 529-2918
(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

Molteni DD, LLC

Oct. 1, 2008 6:00 PM

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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

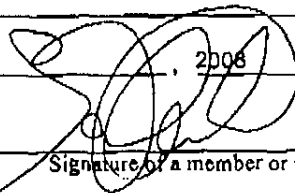
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

Dated September 24

2008



Signature of a member or authorized representative of a member

Donato Calandriello

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00