

L08000 104889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

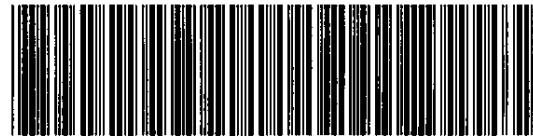
(Business Entity Name)

(Document Number)

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10 JUN -2 PM 4: 03
SOUTHEAST OF STATE
PALM BEACH, FLORIDA

S. HAWKES

JUN 04 2010

EXAMINER

COVER LETTER

• **TO: Registration Section
Division of Corporations**

SUBJECT: ERRINI GROUP 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:

ERRINI, ANTONIO
Name of Person

ERRINI GROUP LLC
Firm/Company

2451 NW 109 AV SUITE#8
Address

MIAMI, FL 33172
City/State and Zip Code

aerrini@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERRINI, ANTONIO at (**786**) **5217010**
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ERRINI GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
10 JUN -2 PM 4:03
CLERK OF CIRCUIT COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/10/2008 and assigned

Florida document number L08000104889.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2451 NW 109 AV SUITE#8

(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33172

Enter new mailing address, if applicable: 2451 NW 109 AV SUITE#8

(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33172

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: ERRINI, ANTONIO

New Registered Office Address: 2451 NW 109 AV SUITE#8

Enter Florida street address

MIAMI, Florida 33172

City

Zip Code

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 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.



If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	ERRINI, LUIGI	11455 NW 83 ROAD WAY DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ERRINI, CARLOS A	11455 NW 83 ROAD WAY DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ERRINI, ANTONIO	11455 NW 83 ROAD WAY DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DE ERRINI, MARISOL	11455 NW 83 ROAD WAY DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ERRINI, ANTONIO	2451 NW 109 AV SUITE#8 MIAMI, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ERRINI, LUIGI	2451 NW 109 AV SUITE#8 MIAMI, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 27 2010



Signature of a member or authorized representative of a member

ANTONIO ERRINI

Typed or printed name of signee

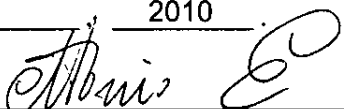
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MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ERRINI, CARLOS A	2451 NW 109 AV SUITE#8 MIAMI, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DE ERRINI, MARISOL	2451 NW 109 AV SUITE#8 MIAMI, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 27 2010



Signature of a member or authorized representative of a member

ANTONIO ERRINI

Typed or printed name of signee

FILED
10 MAY - 2 PM 4: 03
CLERK OF STATE
TALLAHASSEE FLORIDA