

L09000019153

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000123039 3)))



H090001230393ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**CINQUES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
09 MAY 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 MAY 15 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000123039

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CINQUES 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 February 26, 2009 and assigned
Florida document number L09000019153

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:

(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

Florida

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

Page 1 of 2

H09000123039

09 MAY 15 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H09000123039

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>
MGR	DAVIDE P. CALDARA, SR.	1000 West Ave, #1124, Miami Beach, FL 33139	☐ Add ☒ Remove
MGR	MIKYGRESLA INC	1000 West Ave, #1124, Miami Beach, FL 33139	☐ Add ☒ Remove
MGR	EMANUELE OLIVERO, SR.	1000 West Ave, #1515, Miami Beach, FL 33139	☐ Add ☒ Remove
MGR	BAD MILAN INC.	2301 Collins Ave, #1433, Miami Beach, FL 33139	☐ Add ☒ Remove
			☐ Add ☒ Remove
			☐ Add ☒ Remove

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

Dated

May 15, 2009

 Signature of a member or authorized representative of a member
 LUCA LABORANTE

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

09 MAY 15 AM 8:24
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

H09000123039