

L09000026668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
JUN 27 PM 2:59
TALLAHASSEE, FLORIDA

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JUN 27 PM 2:59
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 28 2011
EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT: MYLE MIAMI 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:

Giorgio Picinelli

Name of Person

Firm/Company

420 Lincoln Road - Ofc 248

Address

Miami Beach, FL 33139

City/State and Zip Code

gpicinelli@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giorgio Picinelli

Name of Person

at (305)

331-1119

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

TO
ARTICLES OF ORGANIZATION
OF

MYLE MIAMI LLC

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

2011 JUN 27 PM 2:39

STATE:
PALM HASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/16/2008 and assigned
Florida document number LD9000026668

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)

420 Lincoln Road

Ofc 248

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

420 Lincoln Road #248

Ofc 248

Miami Beach, FL 33139

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:

420 Lincoln Road - Ofc 248

Enter Florida street address

Miami Beach

City

, Florida

33139

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

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	Picinelli, Giorgio	615 NE 22nd Street Unit 1204 Miami, FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Picinelli, Giorgio	615 NE 22nd Street Unit 1204 Miami, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Picchiura, Piermassimo	1510 Bay Road Unit 302 Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Picchiura, Piermassimo	1000 Meridian Ave Unit 16 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	De Palma, Eleonora	435 21st Street Ofc3 Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" 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 Miami Beach, FL, 6/20/2011

Signature of a member or authorized representative of a member

Giorgio Picinelli

Typed or printed name of signee

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

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