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(Re	equestor's Name) .	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e) ·
(Dx	ocument Number)	
Certified Copies	Certificates	of Status 🔨 🐁
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Special Instructions to Filing Officer:

A. LUNT

AUG - #2009

EXAMINER

Office Use Only



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2009 AUG -3 PM 3: 37
SECRETARY OF STATE
ALLAHASSFE, FI COLD

PETER PREVITI ESQ. NELSON TARACIDO, ESQ.

A PROFESSIONAL ASSOCIATION OF ATTORNEYS
SUNSET BUSINESS PLAZA
5825 SUNSET DRIVE - SUITE 210
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 662-9504

FACSIMILE (305) 662-6967

July 30, 2009

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: I Bischeri, LLC / Amendment

To Whom It May Concern:

Enclosed herewith please find the Amendment and filing fee for the referenced Limited Liability Company. If there are any questions or if I can be of further assistance, do not hesitate to contact me otherwise, we will look forward to receiving confirmation that four of the parties listed as Member/Managers have been deleted.

Sincerely,

Peter Previti, Esquire

PP/ds enc.

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	I BIS	CHERI, LLC			
Sebster.		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:		2009 AUG -3 SECRETARY TALLAHASS	FILED
		PETER PREVITI		-3 ASS	
		Name of Person			m
	Р	REVITI & TARACIDO		PH 3: 37 OF STATE E. FLORIDA	O
	· · ·	Firm/Company		DE TO	
	5825	SUNSET DRIVE, STE 210			
		Address			
		MIAMI, FL 33143			
		City/State and Zip Code			
	PENN E-mail address: (ILAW@EARTHLINK.NET to be used for future annual report noting	fication)		
For further information	concerning this matter, please	·	·		
ÞE	ETER PREVITI	at (305)	662-9504		
	of Person	Area Code & Daytin		nber	
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 enclose	Certi d) Certi	Filing Fee, ficate of Status of fied Copy tional copy is er	
MAILING ADDRESS: Registration Section		STREET/COUR Registration Section of Correct	on	S:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	I BISCHERI, LLC		
(Name of the Limited Liz (A Flo	ibility Company as it now apperrida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabi Florida document number	-	JULY 23, 2009	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation FL	; 3
Enter new principal offices address, if applicabl	e:	£6 25	A T
(Principal office address MUST BE A STREET A	ADDRESS)	SSE EE	<u>ω</u> Γ
Enter new mailing address, if applicable:		FLORIDA	⊋ M ⊕ D
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	ess
_		, 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

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 = 'Mai MGRM = M	någer . Ianaging Member	•	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	GABRIO TOSTI	5825 SUNSET DRIVE, STE 210 MIAMI, FL 33143	Add Remove
MGRM	LUCIANO MADDII	5825 SUNSET DRIVE, STE 210 MIAMI, FL 33143	Add Remove
MGRM	ANDREA ALIMENTI	5825 SUNSET DRIVE, STE 210 MIAMI, FL 33143	Add
MGRM	PAILO TIZZANINI	5825 SUNSET DRIVE, STF 210 MIAMI, FL 33143	Add Remove
MGRM	PDC CONSULTING LLC	777 BRICKELL AVENUE, STE 1150 MIAMI, FL 33131	Add AF Add AF Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessar)	37
Dated	his tol	2009 . Deer or authorized representative of a member	
	Турс	GABRIO TOSTI ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00