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(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
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SECRETARY OF STATE

M. THOMAS

NOV 1 6 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	, DOM	ITALIA, LLC		
		ted Liability Company		•
	f Amendment and fee(s) are sub condence concerning this matter	_		
	1	Renata Dias Mauceri		
		Name of Person		- A 2
		Terry Seitz, Inc.		FILED 2019 NOV 13 PH 11: 12 TALLAHASSEE, FLORIDA
	1650	Lantana Avenue, Unit D	l	PHIII:
		Address		SATE ORIGINAL
	En	glewood, Florida 34224		_
		City/State and Zip Code		
	E-mail address: (ata@terryseitzinc.com to be used for future annual report no	otification)	
For further information	concerning this matter, please of	all:		
Rena	ata Dias Mauceri	at (941)	964-0585	
Name of Person		Area Code & Day	time Telephone Numb	per
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)	Certific	filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:	

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

	TALIA, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appe ited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	October 1, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company h	ere:	
DOMITA	LIA USA, LLC	4.0	78
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Com	pany," the designation "LI	C" at the abbreviation
Enter new principal offices address, if applicable:		, S.S.	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
			2
Enter new mailing address, if applicable:			-yr
(Mailing address MAY BE A POST OFFICE BOX)			····
			·
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:		Inter Florida street addr	
	E	ess	
<u></u>		, 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 = Manager MGRM = Managing Member Title <u>Name</u> **Type of Action** Address ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 2 2009

William T. Seitz, Member Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00