Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

affinual report mailings. Enter only one email address please. JUN 30

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGOSTINI B&B LLC.

**Enter the email address for this business entity to be used for future

Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00

K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 JUN 30 AM 9: 04,

TALLAHASSEE, FLORID.

. A	GOSTINI B&B LLC.		· congg						
(<u>Name of the Limited L</u> (A F	ability Company as it now app onds Limited Liability Compan	ears on our records.) y)							
The Articles of Organization for this Limited Liabili	ty Company were filed on	12/03/09 effective 12/01/09	_ and assigned						
Florida document number 1.09000115039	.								
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 contain the words	"Limited Liability Company," th	e designation "LLC" or the abbre	eviation "L.L.C."						
Enter new principal offices address, if applicable			····						
(Principal office address MUST BE A STREET A	DDRESS)		<u> </u>						
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE BOX</i>									
B. If amending the registered agent and/or r registered agent and/or the new registered office		on our records, enter th	e name of the new						
Name of New Registered Agent:	-								
New Registered Office Address:									
	Enter 1	Enter Florida street address							
-	Ciŋ	, Florida	Zip Code						
	Ciý/		mp com						

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MOR	MAGALY FERNANDEZ	880 WREN AVE	3 Add
		MIAMI SPRINGS, FL 33166	□ Remove
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