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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	lip Santa	Nelli PA, LLN ited Liability Company	1,LC
DBA	LUXURY	PROPURTIES IN	HERNGtional.
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Philip	Santanel	li
	Philip	SAN tanell	PA, LLM, LLC
		Firm/Company	ſ
	12815 1		Kes Circle = 39
	Boynt	Address IN Beach	Fe 33436
	Santa) E-mail address: (	City/State and Zip Code  We le padde  to be used for future annual report notif	Dad, com?
For further information co	oncerning this matter, please co	all: 1. 1. at (561) 901	の 9172 1
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NelliPA. LLM LLC
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number £ 100000 564	ompany were filed on $01/14/20/0$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit  Philip Santavelli Ph	ted liability company here:
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR.)	12815 HAMPTON Lakes Circ
Enter new mailing address, if applicable:	15 OCT 1887
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	ALENTINA Aved
New Registered Office Address: 35	589 S' Ocesen Blvd #136
Pa	Um Beach Florida Street address

### 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

Zip Code

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 1-MBR	Name Valentiva Aved	Address 3589 S Ocean Bud #136 Palm Beach F	Type of Action  Add  33480  Remove
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(If an effect Note: If	e date, if other than the date of filing: October 15f 20/6 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the reco ) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	10/11/16 . 2016.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00