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G. MCLEOD

JUL 26 2010

EXAMINER



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07/23/10--01014--005 **25.00

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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJÈ	ECT:	Sapo	orando LLC	
		Name of Limit	led Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			Giuseppe Fallica Name of Person	
٠			Name of Person	
			Saporando LLC Firm/Company	
			819 West Ave Bay 1	
			Address	
		N	liami Beach Fl 33139 City/State and Zip Code	,
		gius E-mail address: (t	eppe2401@gmail.com o be used for future annual report notificati	on)
For fur	ther information co	ncerning this matter, please c		
	Giuse Name of	eppe Fallica	at (<u>305</u>) <u>58</u> Area Code & Daytime Te	362447
	, valle of t	. 6.30.1	And code a physical re-	
Enclos	ed is a check for the	following amount:		
₽ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDDESS		STDEET/COUDIED	ADDDESS.

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

(Name of the Limited	Saporan d Liability Compa A Florida Limited I	do LLC ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited I. Florida document numberL1000003	, ,	were filed on	3/26/2010	and assi	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here	:		
The new name must be distinguishable and end w 'L.L.C."	Sam ith the words "Lim		y," the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if appli	cable:			=	
(Principal office address MUST BE A STRE	ET ADDRESS)	Same		—————————————————————————————————————	N. P. College,
Enter new mailing address, if applicable:				JUL 23 PM RETERY OF AHASSEE, F	
Mailing address MAY BE A POST OFFICE	Same		S 3: € € €		
B. If amending the registered agent and registered agent and/or the new registered of			ır records, <u>ente</u>	<u>r the name o</u>	f the new
Name of New Registered Agent:	Same				
New Registered Office Address:	Same	Ento	r Florida etraat	addrave	
		Enter Florida street address			
		Citv	, Florida	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

<u> </u>	<u>Name</u>	Address	Type of Action
MGMR_	Cesare Mazzoli	700 NE 25th Street Apt 1002 Miami FL 33137	☑ Add Remove
<u>. </u>			Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			_
			
Oated	//	010 f.	4. 40
		Giuseppe Fallica d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00