## L10000035167

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ALLAMASSEE, FLORIE

D. BRUCE

MAY - 4 2010

EXAMINER

## **COVER LETTER**

	istration Section ision of Corporations					
SUBJECT:	Italinves	tments USA, LLC				
50,000	Name of Lin	nited Liability Company				
The enclosed	Articles of Amendment and fee(s) are su	ibmitted for filing.				
Please return	all correspondence concerning this matter	er to the following:				
		,				
	Allan M. Glaser			_		
		Name of Person				
Allan M. Glaser, P.A.				_		
	Firm/Company					
	1190	00 Bsicayne Blvd-Suite	e 807			
Address				- 221		
		Minusi Florido 22404			<u> </u>	
	Miami, Florida 33181  City/State and Zip Code				HAY A	esseq
	all	•	et	SSI	10 HAY -3	France:
	E-mail address:	anglaser@bellsouth.n (to be used for future annual rep	port notification)	m <sub>S</sub>		'n
For further in	formation concerning this matter, please	call:		STATE	PH 3: 04	
	Allan Glaser	at ( 305 )	893-5999	D <sub>M</sub>	Ţ.	
	Name of Person		Daytime Telephone Numbe	er		
Enclosed is a	check for the following amount:					
\$25.00 Fi	•	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	ate of Statu		ed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division of Clifton Bui	f Corporations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Italinves	stments USA, LLC			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on	3/31/2010	and assigned	
Florida document number L10000035167	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :		
	N/A			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<del> </del>			
(Principal office address MUST BE A STREET ADDR	ESS)	N/A		
			50 3	
			ASA ASA	
Enter new mailing address, if applicable:			<u>β</u> <u>ω</u> <u>σ</u> <u>σ</u>	
(Mailing address MAY BE A POST OFFICE BOX)		N/A	3 3 1	
B. If amending the registered agent and/or register	arad office address on	our records anter	DA pame of the now	
registered agent and/or the new registered office addr	ress here:	oui records, <u>enter</u>	the name of the new	
Name of New Registered Agent:		N/A		
New Registered Office Address:				
	En	ter Florida street add	iress	
	, 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 Type of Action **Address** <u>Title</u> <u>Name</u> MGRM Maximilian M. Pizzorni 1111 Kane Concourse, Suite 410 ☐ Add Bay Harbor Islands, FL 33154 Remove USA. Adriana C. Soto-Rivera MGRM ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Cepril 2010 Signature of a member or authorized representative of a friember Allen M Glasev
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00