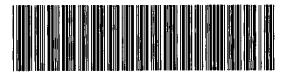
L10000 100 244

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ———
Special Instructions to Filing Officer:
·
1

Office Use Only



800278222488

11/09/15--01018--024 **25.00

2015 NOV -9 PM 3: 50 SECRETARY OF STATE

1:0V 10 2015 J. HARRIS

COVER LETTER

TO:		istration Sec ision of Corp			•			
SUBJE	CT.	INVERSION	IES SOMASCA, LLC.					
SOBJEC	(1)	Name of Limited Liability Company						
The encl	losed	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please re	eturn	all correspon	dence concerning this matter	to the following:				
			MASSIMO SANSONE					
				Name of Person				
				Firm/Company				
		8013 NW 114TH PATH						
		Address				_		
				_				
			E-mail address: (to be used for future annual re	eport notification)			
For furth	ner in	formation cor	ncerning this matter, please c	all:	•			
MASSIN	SIMO SANSONE 305 979-54-26 at ()							
		Name of I	Person	Area Code	Daytime Telephone Numb	er		
Enclosed	is a	check for the	following amount:	~: ·	. .			
■ \$25.0	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific esed) Certific	ate of Status &		

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

INVERSIONES SOMASCA, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___09/24/2010 and assigned Florida document number L10000100244 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," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DE PASQUALE SANSONE, SA	8013 NW 114TH PATH	
		MEDLEY, FL 33178	■ Remove
			☐ Change
MGRM	SANSONE, CARMINE	8013 NW 114TH PATH	
		MEDLEY, FL 33178	_ ■ Remove
			Change
MGR	CASABURI, ANNUNZIATA	8013 NW 114TH PATH	
		MEDLEY, FL 33178	■ Remove
			□ Change
MGR	SANSONE, SONIA	8013 NW 114TH PATH	
		MEDLEY, FL 33178	■ Remove
			Change
			Add
			Remove Change Add
			Remove ☐ Change

			-
			
			· · · · · · · · · · · · · · · · · · ·
			
an effective of the state of th	date, if other than the date of the date is listed, the date must be spec- the date inserted in this block doe as effective date on the Departme	ific and cannot be prior to date of filing or more than 90 days as not meet the applicable statutory filing requirements, it	ptional) fter filing.) Pursuant to 605.02 this date will not be listed
	I specifies a delayed effect th day after the record is	tive date, but not an effective time, at 12:03 filed.	1 a.m. on the earlier
ated	NOVEMBER 03	2015	<u> </u>
aieu			2015 NOV
	Signatu	re of a member of authorized representative of a member	
	Signatu	MASSIMO SANSONE	SSEE FI

Page 3 of 3

Filing Fee: \$25.00