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(Re	questor's Name)	
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(B u	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations		
CUDIECE	INVERSIO	DNES SOMASCA,LLC.		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MASSIMO SANSONE		
			Name of Person	
		****	Firm/Company	
		8013NW 114THPATH		
			Address	
		MEDLEY, FLORIDA 33	178	
			City/State and Zip Code	
		sansonem@gmail.com E-mail address: (to be used for future annual report not	ification)
For further in	iformation co	oncerning this matter, please ca	all:	
MASSIMO	SANSONE		305 979-54-20	6
Name of Person			ne Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Crallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IIIVERSIONES SOMASCA, LLC.		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on ou orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 09/24/2	010 and assigned
Florida document numberL10000100244		
Florida document number	 ,	
This amendment is submitted to amend the following	g:	
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 designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	DDRESS)	

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	7)	
munic maness MAI DEA I OSI OI I ICE BOIL	4	
	-	
registered agent and/or the new registered office : Name of New Registered Agent:	address here:	
N B 1 100 All		
New Registered Office Address:	Enter Florida stre	et address
		171
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my du ed agent as provided for in Chapte stered office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document is
company has been notified in writing by this char	ige.	prince of the second
		The state of the s
		<u> </u>
	If Changing Registered Agent, Signature	gnature of New Registered Agent
	Page 1 of 3	RA ∵

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added 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 PAQUALE SANSONE, SANDRA VALENTINA	8013 NW 114TH PATH	■ Add
		MEDLEY, FL 33178	□ Remove
		.	☐ Change
MGR	SANSONE,SONIA	8013 NW 114TH PATH	■ Add
		MEDLEY, FL 33178	☐ Remove
			☐ Change
MGR	CASABURI, ANNUNZIATA	8013 NW 114TH PATH	
		MEDLEY, FL 33178	Remove
			☐ Change
			Add
		 	☐ Remove
			Change
			Add
			□ Remove □ Change
			OF OR Remove

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				(optio than 90 days after t	filing.) Pursuant to	o 605.020
an effectiv	date, if other than the date date is listed, the date must be	specific and cannot be prior to	date of filing or more	•	مطاعمها الثبيب مغمام	
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