L10000/03/04

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EXAMINER

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SECRÉMARY OF STÂTE.

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	PMC	MILANO, LLC			
-	Name of Lim	ited Liability Company		_	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	OSV	ALDO F. TORRES, E	SQ.	_	
		Name of Person	-,	7. 2	
TORRES LAW, P.A.					
		Firm/Company			1-1
	17501 BISCAYNE BLVD., SUITE 470			19 SSEE	
		Address	-		
	AVE	NTURA, FLORIDA 33	160	2011 OCT 19 PM 1: 25 SECRETARY OF STATE TAPLIAHASSEE FLORID	
		City/State and Zip Code		— ps.	
	OZZ	IE@TORRESLAW.NE to be used for future annual repo	ET	_	
For further information	concerning this matter, please of	·	or nourceation)		
00/415	0.5. 700050 500				
	O F. TORRES, ESQ. of Person	at (305) Area Code &	942-8002 Daytime Telephone Numb	per	
Enclosed is a check for	the following amount:				
	· ·				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certific Certific	Filing Fee, cate of Status & ed Copy onal copy is enck	osed)

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

PMC MILA	ANO, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appea Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	10/04/2010	and assigned
Florida document numberL10000103104			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:	20562 SAUS	ALITO DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATO	N, FLORIDA 3349	8
		A	2 91
Enter new mailing address, if applicable:		LAHAS	
(Mailing address MAY BE A POST OFFICE BOX)		. SE	8 9
			# 3 M
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter f	
			·
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	En	ter Florida street addr	ess
 	Cit	, Florida	7: 0:1
	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 amendin	ng the Managers or Managing Men ng Member being added or remove	mbers on our records, enter the title, name, and a	nddress of each Manager
MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	RAPIZZI, PAOLO		Add Remove
MGR	RAPIZZI, MARIO		Add ✓ Remove
MGR	RAPIZZI, PAOLO	20562 SAUSALITO DRIVE BOCA RATON, EL ORIDA 33498	✓ Add Remove
MGR	RAPIZZI, MARIO	20562 SAUSALITO DRIVE BOCA RATON, FLORIDA 33498	Add Remove ACCITATION
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessa	(ry.)
Dated	OCTOBER 17	2011	
	Signature of a	representative of a member PAOLO RAPIZZI	
	,	Typed or printed name of signee	

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Filing Fee: \$25.00