L10000101368

(Requestor's Name)			
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(City/State/Zip/Phone #)			
(Otyloutorzipii Hollow)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
L1-107348			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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FILED 12 SEP 21 PH 3: 18 SECRETANY OF STATE ALLAHASSEE FLORID



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2012

JEFF BENNETT 3917 W. BARCELONA STREET TAMPA, FL 33629

SUBJECT: AMICI PROPERTY, LLC Ref. Number: L10000107368

We have received your document for AMICI PROPERTY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 612A00020088

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Amici Property LLC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Person Amici proper typh CCC Firm/Company			
Name of Person			
Amici proporty LCC			
Firm/Company			
3917 W Barcelona SI.			
Address			
City/State and Zip Code Sennet+1@ Me.com E-mail address: (to be used for future annual report notification)			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (904) 687 9469 Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount: Alreade Perd			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Solong Filing Fee & Certificate of Status}\$\$ \$Certified Copy & Certificate of Status & Certified Copy & Certified C			

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

FILED.
12 SEP 21 PM 3: 10

Amici Property	11.0	SLURETARY DE STATE
(Name of the Limited Liability Comp (A Florida Limited	y as it now appea	SEBRETARY OF STATE TALLAHASSEE, ELORIDA rs on our records.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	10/14/2010 and assigned
Florida document number <u>L10000107348</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company her	<u>·e</u> :
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nted Liability Comp	any,"the designation "LLC" or the abbreviation
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 or registered agent and/or the new registered office address he		our records, enter the name of the new
		·
Name of New Registered Agent:		
New Registered Office Address:		
·	Er	ter Florida street address
		, 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 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 Title **Type of Action** Name Address Gianluca Brambilla Add Remove Add 🗍 Remove ☐ Add Remove ∏Add Remove □ Add □Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) was removed documents & 30 2012 19 Dated Signature of a member or authorized representative of a member Gianluca Branbilla

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee