Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAMONT NEIMAN & INTERIAN, P.A.

Account Number : I20000000051 : (305)530-9400

: (305)530-9409 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Carmelina Marmo@vahoo.com

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C. LEWIS

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LAMONT NEIMAN

PAGE 02/03
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 OCT 19 AM 8: 42

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		our records.)	·		
	were filed on Nove	mber 15, 201	O_ and assigned		
owing:					
f the limited liab	ility company here:				
th the words "Limi	ted Liability Company,"	the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicable:		1725 Main Street			
(Principal office address MUST BE A STREET ADDRESS)		Suite 211			
	Weston, FL 333	26			
Enter new mailing address, if applicable:		1725 Main Street			
(Mailing address MAY BE A POST OFFICE BOX)		Suite 211			
			Weston, FL 33326		
ffice address her	<u>e</u> :	records, <u>enter (</u>	the name of the new		
17 EU WIEIII V	Enter Florida street address				
Weston City		Florida	33326		
		,Vitua	Zip Code		
Registered Agent:	4				
	Liability Company A Florida Limited L Liability Company 8327 lowing: of the limited liab oth the words "Limit cable: ET ADDRESS) /or registered of ffice address her Silvana Sal	liability Company were filed on Nove 8327 lowing: If the limited liability company here: Ith the words "Limited Liability Company," Ith the words "Li	Liability Company as it now appears on our records. A Florida Limited Liability Company) Liability Company were filed on		

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company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

(((H12000253650 3)))

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

<u>Title</u>	Name	Address	Type of Action
MGR	Alberto Salvioli	17201 Collins Avenue Unit 808 Miami Beach, 33160	Add Remove
<u>MGR</u>	Nicolina C. Marmo	17201 Collins Avenue Unit 808 Miami Beach, 33160	Add Remove
MGR	Silvana Salvioli	17201 Collins Avenue Unit 808 Miami Beach, 33160	Add Remove
<u>MGR</u>	Alberto Salvioli Jr.	17201 Collins Avenue Unit 808 Miami Beach, 33160	✓ Add Remove
MGRM	Alberto G. Salvioli	5311 SW 173rd Avenue Miramar, FL 33029	Add ZRemove
D. If amend	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	Add Remove
			SECRETARY OF SECRETARY OF CORPO
Dated	October 12, 2012	Lokuoli >	ED (OF STATE ORPORATIONS AM 8: 42
	ŕ	mber or authorized representative of a member Nicolina C. Marmo yped or printed name of signee	

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