

L10000131965

(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:

Office Use Only



500212936135

10/07/11--01021--020 **25.00

FILED
11 OCT -7 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

OCT 10 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SVAMPATO 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:

GIUSEPPE SCAGLIARINI

Name of Person

SVAMPATO LLC

Firm/Company

37 HARRISON AVENUE

Address

NEWPORT, RI 02840

City/State and Zip Code

GS@SCAGLIARINILAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIUSEPPE SCAGLIARINI

Name of Person

at (401)

8491220

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

FILED
11 OCT -7 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SVAMPATO 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 12/29/2010 and assigned
Florida document number L10000131965.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 11849 VERRAZANO DR
(Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32836

Enter new mailing address, if applicable: 11849 VERRAZANO DR
(Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32836

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: ★ CHANGE OF ADDRESS ONLY ★

New Registered Office Address: 11849 VERRAZANO DR
Enter Florida street address
ORLANDO, Florida 32836
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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		CHANGE OF ADDRESS ONLY	
MGRM	Marco Marzocca Cuni	11849 Verrazano Dr	<input type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
		CHANGE OF ADDRESS ONLY	
MGRM	Paulo R. Kashel Simoes	2812 Country Charm Road	<input type="checkbox"/> Add
		Raleigh, NC 27614	<input type="checkbox"/> Remove
		CHANGE OF ADDRESS ONLY	
MGRM	Michaelangelo Montesanti	Via Olcimia Gemina 9	<input type="checkbox"/> Add
		Capena, Rome, Italy 0060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please note members/managers remain the same but wish to update their addresses

Dated October 3, 2011

Signature of a member or authorized representative of a member

Giuseppe Scagliarini

Typed or printed name of signee

FILED
11 OCT -7 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA