## L11000004669

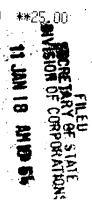
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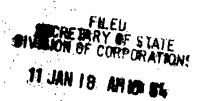


## **COVER LETTER**

**Registration Section** 

Division of	Corporations			
SUBJECT:		Holding Company, LLC ited Liability Company	<del></del>	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	espondence concerning this matte	r to the following:		
		Melinda Grimaldi		
		Name of Person		
	Law Of	fice of Melinda Grimaldi, PL		
		Firm/Company		
	2550	N. Federal Hwy., Suite 12		
		Address		
	For	t Lauderdale, FL 33305		
		City/State and Zip Code		
	E-mail address: (	inda@grimaldi-law.com to be used for future annual report notifica	ation)	
For further information	; on concerning this matter, please o	call:	•	
Λ.	/lẽlinda Grimaldi	at (_954_) 4	91-8707	
Nan	ne of Person	Area Code & Daytime	Celephone Number	
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Div P.O	AILING ADDRESS: distration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ions er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Michelangelo I	Holding Company	, LĻC		
(Name of the Limited Liability ( (A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Conficulty Confidence of Organization for this Limited Liability Confidence of Organization for this Liability Confidence of Organization for Confidence	· ·	01/11/11	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited that the new name must be distinguishable and end with the words "L.L.C."		_	LLC" or the abbreviation	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRE	L.			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	-NA			
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on o	our records, <u>enter (</u>	he name of the new	
Name of New Registered Agent:	A			
New Registered Office Address:	Enter Florida street address			
<del></del>	, 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 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

**Title** Name **Address** Type of Action MGRM Michael Gross 4869 Kensington Circle Coral Springs, FL 33076 **✓** Add Remove ⊥ Add Remove \_\_\_ Add Remove Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 12 Dated \_\_\_\_ Signature of a member of authorized representative of a member Midhele Grimaldi Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00