L11000040854

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SECRETARY OF STATE
ANASSEE FI ORIDA

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJECT: VENTISETTETRENTANOVE					
SODG	EC1.		ited Liability Company		
The er	closed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Isabella Campanile		
			Name of Person		
Ventisettetrentanove					
Firm/Company					
6301 Collins Avenue , suite #2401				01	
			Address		
		Mian	ni Beach , 33141, Florida		
City/State and Zip Code					
		isabe	ella@ics-international.net		
		E-mail address: (to be used for future annual report no	tification)	
For fu	ther information co	ncerning this matter, please of	call:		
		la Campanile	at (_786_)	208 7060	
	Name of	Person	Area Code & Dayt	ime Telephone Number	
Enclos	ed is a check for the	following amount:			
I \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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

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TALLAHASSEE, FLORIDA

VENTISETTETRENTANOVE, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for	or this Limited Liability Company w	ere filed on	April 5, 2011	and assigned
Florida document number	L11000040854			
This amendment is submitted t	o amend the following:			
A. If amending name, enter	the new name of the limited liabili	ty company here	:	
The new name must be distinguis	shable and end with the words "Limited	l Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	T BE A STREET ADDRESS)			
Enter new mailing address, is	f applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
	red agent and/or registered offic	e address on ou	ır records, <u>enter t</u>	ne name of the new
registered agent and/or the n	ew registered office address here:			
Name of New Registe	ered Agent:			
New Registered Office	ee Address:		<u> </u>	
		Enter Florida street address		
	·	City	, Florida	Zip Code
	'	City		zip Coae

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>	Type of Action
MGRM	Salvatore Chiovini	6301 Collins Avenue #2401 Miami Beach, 33141 Florida	Add Remove
<u>MGRM</u>	Benedetta Chiovini	1219 Meridian Avenue apt.#6 Miami Beach, 33139 Florida	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.	FILED 12 JAN -9 AM II: 59 SEGRETARY OF STATE TALLAHASSEE, FLORID
Dated		2811 / John State of a thember	RIDA
	Tyn	Isabella Campanile ped or printed name of signee	
	ν	Page 2 of 2	

Filing Fee: \$25.00