

L110000 88245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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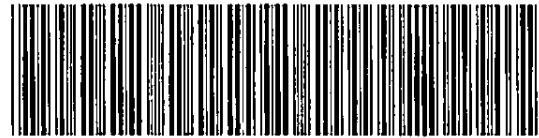
(Business Entity Name)

(Document Number)

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2017 OCT 16 PM 12:20  
TALLAHASSEE, FLORIDA

D SCOTT

OCT 17 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GRAN TRURISMO TRADING, 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:

HAYDEE CEBALLOS, CPA

Name of Person

CEBALLOS CEBALLOS BESTULICH & PADRON, LLC

Firm/Company

890 SOUTH DIXIE HIGHWAY

Address

CORAL GABLES, FL 33146

City/State and Zip Code

hceballos@cebp-cpas.com

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

For further information concerning this matter, please call:

HAYDEE CEBALLOS, CPA

305 381-0825  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

FILED  
2017 OCT 16 PM 12:24  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GRAN TURISMO TRADING, 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 08/02/2011 and assigned  
Florida document number L11000088245.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ACQUA DI FIORE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

500 BRICKELL AVENUE, STE 3707

MIAMI, FL 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

500 BRICKELL AVENUE, STE 3707

MIAMI, FL 33131

**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:

New Registered Office Address:

*Enter 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDREA PALMISANO	500 BRICKELL AVENUE #3707	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/SE	SARA ANGELINI	500 BRICKELL AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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2017 OCT 16 P 2:24  
FALL RIVER, MASSACHUSETTS  
CLERK OF DISTRICT COURT  
Pursuant to 605.0207,  
this will not be listed as th

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 10, 2017



Signature of a member or authorized representative of a member

GABRIELA GIACCHE

Typed or printed name of signee