## 21/00007482

(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:					
A. LUNT					
MAY 14 2011					
EXAMINER					

Office Use Only



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ALLAHASSEE, FIORID

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	CCT:	AD M	ELIORA LLC	
		Name of Lim	ited Liability Company	<del></del>
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	oondence concerning this matter	r to the following:	
PAMELA CLARK				
			Name of Person	
	CAPITAL MANAGEMENT CONSULTANTS, LLC Firm/Company  743 GANTT AVE		LLC	
			Address	
	SARASOTA		ALLAHASSE	
	City/State and Zip Code			
	SECEL FLOR			
For fur	ther information	concerning this matter, please of	amela@corpmark.us to be used for future annual report notificatio call:	
	P	Pamela Clark	at (_941_) 320	-1837
Name of Person		of Person	Area Code & Daytime Tele	ephone Number
Enclose	ed 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)
	Regis Divisi	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER A Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Лelio <u>ra, LLC</u>		
Company as it now appear mited Liability Company)	s on our records.)	
mpany were filed on	09/20/2011	and assigned
<b>.</b>		
ed liability company her	<u>e</u> :	
s "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
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		200
	<u> </u>	
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red office address on o ess here:	our records, <u>enter t</u>	he name of the ne
En	ter Florida street addi	ress
Florida		
City	, 1 101 IGA	Zip Code
	company as it now appear nited Liability Company)  mpany were filed on  ad liability company her  s "Limited Liability Compa  "SSS)  red office address on one is here:  En	company as it now appears on our records.) mited Liability Company) mpany were filed on

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>	Address	Type of Action
MGRM	Renato Bajma	Via Onorato Vigliani 26/T Torino, Italy 10135	Add Remove
MGRM_	Fabio Fontaneto	Via Monte Grappa 17/B Fontaneto D'Agogna (NO) Cap, Italy 28010	☑ Add ☐ Remove
			Add Remove 
<del>.</del>			Add Remove
		ALL ALC	
D. If amendir	ng any other information, enter change(:	s) here: (Attach additional sheets, if necessary.)	— <u>——</u>
			_
			_
	May 8	2	_
Dated		r authorized representative of a member	
	_	amela Clark	
		printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00