L11000108343

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SEUNETARY OF STATE
TALL AHASSEE, FLORIDA

J. HARRIS

COVER LETTER

		stration Sect sion of Corpo				
SUBJEC		Italian Design	n Automotive Group, LLC			
SUBJEC	C1: _		Name of Limi	ted Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please re	eturn a	all correspond	dence concerning this matter t	to the following:		
			Kenneth L. Paretti, Esquire	•		
				Name of Person		-
			Quinton & Paretti, P.A.			
				Firm/Company		_
			1 SE 3rd Avenue, Suite 140	95		
				Address		-
			Miami, Florida 33131			
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	-
			kparetti@quintonparetti.com			
F 6 4				o be used for future annual rep	oort notification)	
For turth	ner ini	ormation cor	ncerning this matter, please ca	ui:		
Kenneth	h L. P	aretti, Esquire	3	305 358-2 at ()	2727	
		Name of I	Person	Area Code	Daytime Telephone Numbe	r
Enclosed	d is a	check for the	following amount:			
\$25.0	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ate of Status &

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

Italian Design Automotive Group, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compant Clorida document number L11000108343		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		अंक र
Principal office address MUST BE A STREET ADDRESS)		FS 5 11
		52 2 m
Enter new mailing address, if applicable:		To E G
(Mailing address MAY BE A POST OFFICE BOX)		DRIE 25
Mading address MAT BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the
		records, enter the name of the
egistered agent and/or the new registered office address he	ere: .	
Name of New Registered Agent:		
Name of New Registered Agent:	ere: .	

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>	Type of Action
MGRM	Hugo E. Belcastro	13110 Biscayne Blvd.	☐ Add
		North Miami, Florida 33181	Remove
			☐ Change
MGRM _.	Diego J. Sanchez Navarro	13110 Biscayne Blvd.	
		North Miami, Florida 33181	_ ■ Remove
			Change
MGRM	Diego A. Cassino	13110 Biscayne Blvd.	□ Add
. <u> </u>		North Miami, Florida 33181	■ Remove
			☐ Change
MGRM	Juan Carlos Belcastro	13110 Biscayne Blvd.	■ Add
		North Miami, Florida 33181	□ Remove
			<u> </u>
MGRM	Antonella Belcastro,	13110 Biscayne Blvd.	Grange Change Add
		North Miami, Florida 33181	Remove
			10: 2 STAL 2 OR 10: 0 (Hange
MGRM	Romina Belcastro	13110 Biscayne Blvd.	حر Add <u>ا</u>
		North Miami, Florida 33181	□ Remove
			Change

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>	Address	Type of Action
MGR	Matias Larsen	13110 Biscayne Blvd.	■ Add
		North Miami, Florida 33181	□ Remove
			Change
	·		Add
			Remove
			Change
			Add
			□ Remove
			Change
.			Add
			Remove
			∴ □ Change
			Add Remove
			☐ ☐ ☐ Change
			REF 25
			□ Remove
			Change

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f an ef Note:	tive date, if other than the date of filing:
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ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed. April 18 Signature of a member or authorized representative of a member.