

L11000108343

(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:

Office Use Only



700284692067

04/21/16--01015--006 \*\*25.00

FILED  
16 APR 21 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 25 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Italian Design Automotive Group, 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:

Kenneth L. Paretti, Esquire

\_\_\_\_\_  
Name of Person

Quinton & Paretti, P.A.

\_\_\_\_\_  
Firm/Company

1 SE 3rd Avenue, Suite 1405

\_\_\_\_\_  
Address

Miami, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

kparetti@quintonparetti.com

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

For further information concerning this matter, please call:

Kenneth L. Paretti, Esquire

305 358-2727  
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

## Page 1 of 3

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>
MGRM	Hugo E. Belcastro	13110 Biscayne Blvd.	<input type="checkbox"/> Add
		North Miami, Florida 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Diego J. Sanchez Navarro	13110 Biscayne Blvd.	<input type="checkbox"/> Add
		North Miami, Florida 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Diego A. Cassino	13110 Biscayne Blvd.	<input type="checkbox"/> Add
		North Miami, Florida 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Juan Carlos Belcastro	13110 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		North Miami, Florida 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Antonella Belcastro	13110 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		North Miami, Florida 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Romina Belcastro	13110 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		North Miami, Florida 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 11 AM 10:23  
11-11-11

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	Matias Larsen	13110 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		North Miami, Florida 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 APR 25  
16 APR 25  
16 APR 25

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 18, 2016

Signature of a member or authorized representative of a member

Kenneth L. Paretti, Esquire, Attorney for Italian Design Automotive Group, LLC

Typed or printed name of signee

16 APR 21 44 10:25  
SECRETARY OF STATE  
WASHINGTON, D.C. FLORIDA