

L11000131407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

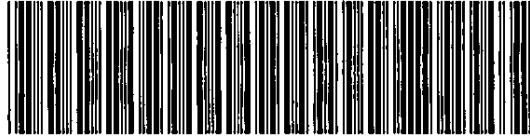
(Business Entity Name)

(Document Number)

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16 JUN 10 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIDOCA 1012 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:

PEDRO P. SAEZ

Name of Person

SAEZ & ASSOCIATES

Firm/Company

777 BRICKELL AVENUE, SUITE 1110

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

PSAEZ@SAEZLAW.COM

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

For further information concerning this matter, please call:

MAITE MENDOZA

305 358-0028
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

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

FIDOCA 1012 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 11/28/2011 and assigned
Florida document number L11000131407.

This amendment is submitted to amend the following:

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

FIDOCA 1007, 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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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: PEDRO P. SAEZ

New Registered Office Address: 777 BRICKELL AVENUE, SUITE 1110

Enter Florida street address

MIAMI, Florida 33131
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	Francisca Finizola de D'Onghia	55 SE 6th Street # 2903	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Maria Giovanna D'Onghia Finizola	55 SE 6th Street # 2903	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Patricia D'Onghia Finizola	55 SE 6th Street # 2903	<input type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Pedro Pablo D'Onghia Finizola	55 SE 6th Street # 2903	<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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TALLAHASSEE, FLORIDA
JUL 10 10:27 AM '06

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

N/A

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 May 26th, 2016

Signature of a member or authorized representative of a member

FRANCISCA FINIZOLA DE D'ONGHIA

Typed or printed name of signee

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