# 4/20000065//

(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:				
Opecial instructions to I ming Officer.				
A. LUNT				
JUN 14 2011				
EXAMINED				

Office Use Only

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## **COVER LETTER**

TO:

TO:	Registration Se Division of Con				
SUBJEC	CT:	ITALIAN IN\	/ESTORS, LLC.		
			d Liability Company		
The encl	losed Articles of	`Amendment and fee(s) are subm	itted for filing.		
Please re	eturn all correspo	ondence concerning this matter to	the following:		
		Kylee B	Soylan, Registered Agent Name of Person		
				_	
		Boylan's Ta	x & Financial Services, LL	.C.	
			Firm/Company		Da B
2121 North State Road		1 North State Road 7			
Address			DIR JUN 12		
			Morgato El 22062		
			Margate, FL 33063 City/State and Zip Code		
		kbovla	an@btaxservices.com		
		E-mail address: (to	be used for future annual report notific	cation)	\$11 <b>1</b>
For furth	ner information of	concerning this matter, please cal	<b>l</b> :		
		ylee Boylan	~ ~ ~	972-3776	
	Name o	of Person	Area Code & Daytime	Telephone Number	
Enclose	d is a check for t	the following amount:			
<b>□\$25.</b> 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations Sox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITALIAN INVE			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	.)	
The Articles of Organization for this Limited Liability Company	were filed onJanuary 13, 2	012 and assigned	
Florida document number L12000006511 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	444 Ocean Drive		
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	F. B	
Enter new mailing address, if applicable:	444 Ocean Drive	55	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139	5g <b>9</b>	
B. If amending the registered agent and/or registered of	ffice address on our records, en	ter the name of the nev	
registered agent and/or the new registered office address her	<u></u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
	, Florid		
	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 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 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> <u>Address</u> **Type of Action** MGR **EDDA RATTI** ☐ Add 231 SE 1st Terrace Deerfield Beach, FL 33441 ✓ Remove ☐ Add Remove \_\_\_ Add Remove

		<del></del>		Г	☐ Add	
					Remove	
	<del></del>				Add Remove	
				A	Add Remove	- T
D. If amen	ding any other information,	enter change(s) here	e: (Attach additional sheets, if i	, 1	Jeilove 12 PH 2 17	
_				A-	7	
_						
Dated	April 14	,2012				
	Signatur	,	orized representative of a member			
			EO COCOZZA d name of signee			

Page 2 of 2

Filing Fee: \$25.00

#### **COVER LETTER**

TO: Registration Division of C					
SUBJECT:	ITALIAN IN\	/ESTORS, LLC.			
SOBSECT.		d Liability Company			
The enclosed Articles	of Amendment and fee(s) are subm	itted for filing.			
Please return all corres	pondence concerning this matter to	the following:			
	Kylee Boylan, Registered Agent				
		Name of Person			
	Boylan's Tax & Financial Services, LLC.				
Firm/Company					
	2121 North State Road 7			23	
	<del> </del>	Address	in or	F5 }=	*** [***
	Margate, FL 33063			ชค Jun 12	914 FAG
City/State and Zip Code			ि । । ।	70	ļ.
	E-mail address: (to	an@btaxservices.com be used for future annual report notifica	tion)	<u> </u>	j ara
For further information	concerning this matter, please call	1:	The state of the s	1	
	Kylee Boylan	at ()	72-3776	<b>-</b>	
Name	e of Person	Area Code & Daytime	elephone Number		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee \$\times\$\$30.00 Filing Fee \$\times\$ Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations		Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional cop	tatus &	osed)
		STREET/COURIE  Registration Section  Division of Corporat			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITALIAN INVE	STORS, LLC.	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company	were filed onJanuary 13, 2	012 and assigned
Florida document numberL1200006511		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	444 Ocean Drive	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	
		D T AIRCEA
		SA 70 F
Enter new mailing address, if applicable:	444 Ocean Drive	- <del> </del>
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139	37 <del>3</del> 577
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
	<b>≚</b> '	
Name of New Registered Agent:		
New Registered Office Address:		
- <del></del>	Enter Florida stree	t address
	, Florid	-
	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 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 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 **Title Address Type of Action** Name MGR EDDA RATTI 231 SE 1st Terrace Remove Deerfield Beach, FL 33441 ☐ Add Remove ☐ Add Remove Add Remove  $\prod$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 14 2012 Dated Signature of a member or authorized representative of a member BARTOLOMEO COCOZZA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00