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SECRETARY OF STATE
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K.SALY EXAMINER MAR 22 2012

COVER LETTER

	tion Section of Corpora				
SUBJECT:	•	FIRST ON J	EFFERSON 1 LLC		
30 6 32C1	 	Name of Limi	ted Liability Company		
The enclosed Arti	cles of Ame	ndment and fee(s) are sub	omitted for filing.		
Please return all c	orresponden	ce concerning this matter	to the following:		
		F	FEDERICO OLIVIERI		
Name of Person					.
			Firm/Company		
	130 3RD STREET, UNIT 105				
	Address				
MIAMI BEACH, FL 33139					
			City/State and Zip Code		
	Olivieri.federico@gmail.com E-mail address: (to be used for future annual report notification)				<u>.)</u>
For further inform	nation concer	ning this matter, please c	•		,
F	EDERIC	O OLIVIERI	at (_323_)	304	-7145
	Name of Pers	on	Area Code & I	Daytime Tele	phone Number
Enclosed is a chec	ck for the fol	lowing amount:			
\$25.00 Filing	Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	closed)	\$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

FIL	ED
12 MAR 21	AM 11
SEURETAIN	nu 11: 05

FIRST OF CONTROL OF THE PROPERTY OF THE PROPER	N JEFFERSON 1 LL ty Company as it now appear	C SECRETARY OF STATE SON OUR RECORDS. SECRETARY OF STATE	
(A Florida	Limited Liability Company)	occ, FLORIDA	
The Articles of Organization for this Limited Liability Florida document number		04/47/0040	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wi'L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADD</u>	RESS)		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
Mailing address MAY BE A POST OFFICE BOX)	 		
B. If amending the registered agent and/or regi		ur records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 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>	<u>Address</u>	Type of Action
MGRM	GIOVANNI VIANELI	O 235 LINCOLN RD. MIAMI BEACH, FL 33139	Add Remove
	 		Add Remove
····	 		Add Remove
			Add Remove
			Add Remove
		·	Add Remove
D. If amend	ding any other information,	enter change(s) here: (Attach additional sheets, if nece	ssary.)
 Dated	MARCH 20		
_			
	Signatur		
		FEDERICO OLIVIERI	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00