

L12000026888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

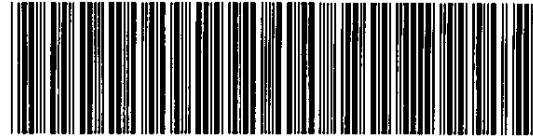
(Business Entity Name)

(Document Number)

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2016 DEC -5 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

DEC - 8 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2016

GD MANAGEMENT AND SERVICES LLC 2ND MAILING
GILBERTO DOMINGUES
6979 KINGSPONTE PKWY, UNIT 12
ORLANDO, FL 32819

SUBJECT: ITALIAN INVESTMENTS USA LLC
Ref. Number: L12000026888

We have received your document for ITALIAN INVESTMENTS USA LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 416A00021458

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Italian Investments USA 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:

Gilberto Domingues

Name of Person

GD Management

Firm/Company

6979 Kingspointe Pkwy Suite #12

Address

Orlando, Florida 32819

City/State and Zip Code

gdmanagement@mail.com

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

For further information concerning this matter, please call:

Gilberto Domingues

407 792-2881
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**

Italian Investments usa LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/24/2012 and assigned
Florida document number L12000026888.

This amendment is submitted to amend the following:

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

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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 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>
Direc	Rodrigo G. Basso	7035 Brescia Way	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Direc	Rafaela G. Basso	7035 Brescia Way	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Direc	Luciana Bregante	7035 Brescia Way	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2016 DEC -3 PM
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TALLAHASSEE, FLORIDA

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2016 DEC -5 PM 1:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Dated 11/28/16, (2016).


Signature of a member or authorized representative of a member


Typed or printed name of signee