# L12000051710

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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	CERTIFIED COPY			<del>-</del> -	
хх	РНОТОСОРУ				
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жж	FILING	AMEN	NDMENT		
-	FASOLINO INVESTMENT (CORPORATE NAME AND DOCUMENT)				<del>-</del> .
_	(CORPORATE NAME AND DOCUM	 1ENT #)		<u> </u>	
-	(CORPORATE NAME AND DOCUM	IENT#)			
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#### **COVER LETTER**

Div	ision of Corpo	rations		
SUBJECT:	FASOLINO I	NVESTMENTS, LLC		
		Name of Limit	ed Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		MILDREY MONTES DE C	OCA	
			Name of Person	
		ROZENCWAIG & NADEL	ne of Limited Liability Company  are submitted for filing.  s matter to the following:  TES DE OCA  Name of Person  NADEL, LLP  Firm/Company  DALE BEACH BLVD.  Address  BEACH/ FLORIDA/ 33009  City/State and Zip Code  AW.COM  ddress: (to be used for future annual report notification)  please call:  at (	
			Firm/Company	
		301 W HALLANDALE BE	ACH BLVD.	
			Address	
		HALLANDALE BEACH/ F	FLORIDA/ 33009	
		Name of Limited Liability Company  endment and fee(s) are submitted for filing.  Ince concerning this matter to the following:  MILDREY MONTES DE OCA  Name of Person  ROZENCWAIG & NADEL, LLP  Firm/Company  301 W HALLANDALE BEACH BLVD.  Address  HALLANDALE BEACH/ FLORIDA/ 33009  City/State and Zip Code  ENTITIES@RNFLAW.COM  E-mail address: (to be used for future annual report notification)  errning this matter, please call:  CA  954  455-5100  at  Area Code  Daytime Telephone Number  Illowing amount:  Illowing amount:		
	_	<del>-</del>		
		E-mail address: (to	be used for future annual report notifica	tion)
For further in	formation conc	erning this matter, please call	l:	
MILDREY N	ONTES DE C	OCA .		
		elephone Number		
Enclosed is a	check for the fe	ollowing amount:		
<b>■ \$</b> 25.00 Fi	ling Fee (	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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



FASOLINO INVESTMENTS, LLC	
(Name of the Limited Liabilia (A Plorida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L12000051710	Company were filed on 04/17/2012 and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limit	ited liability company here:
N/A	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ZESS)
Puesa name malifora adduses of sunitorials.	
Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	<b>75</b> . 13.

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>	Type of Action
MGR	LEONARDO CAVALLARO	2645 S. BAYSHORE Dr. #804 COCONUT GROVE, FL 33133	CJ Add
			■ Remove
			Change
MGR	GIOVANNA M. CAVALLARO	6423 COLLINS AVE APT. 1503 MIAMI BEACH, FL 33141	D Add
			■ Remove
			Change
MGR	ANTONENO CAVALLARO	2645 S. BAYSHORE Dt # 301 COCONUT GROVE, FL 33133	Add S
			O Remove
			□ Change ⊐
MGR	SALVATORE CAVALLARO	21 EAST SUNRISE AVENUE CORAL GABLES, FL 33133	
			>* □ Remove
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Note:	tive date, if other than the date of filing:	0207 (3)(b) d as the
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
<b>.</b>	SEPTEMBER 12 2019	
Dated	SOFONIL	
Dated	Stage was	
Dated	Signature of a member or authorized representative of a member	