## L12000083659

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12 JUL - 5 AM II: 10

SECRETARY OF STATE
ORID.

C. LEWIS

JUL - 9 2012

EXAMINER

TO: Registration Division of	on Section Corporations	-			
SUBJECT:	CASALVIERI, LLC.				
SUBJECT:	Name of Limited Liability Company				
The enclosed Article	es of Amendment and fee(s) are submitted for filing.				
Please return all corre	respondence concerning this matter to the following:				
	CHARLES RESTREPO, ESQ.,				
	Name of Person				
LAW OFFICES OF CHARLES RESTREPO, ESQ., P.A.					
	Firm/Company				
1327 S.E. 2ND AVENUE					
	Address				
	FORT LAUDERDALE, FLORIDA 33316				
City/State and Zip Code					
CRESTREPO@CRPALAW.COM					
	E-mail address: (to be used for future annual report notification)				
For further information	ion concerning this matter, please call:				
CHA	ARLES RESTREPO at ( 954 ) 763-3301				
Naı	ame of Person Area Code & Daytime Telephone Number	_			
Enclosed is a check f	for the following amount:				
\$25.00 Filing Fee	Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	Status &			

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

FILED 12 JUL -5 AMII: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CASALVIERI, LLC.			TALLAHASSEE, FLORIDA	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C Florida document numberL12000083659	Company were filed on	06/25/2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing 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		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street add	ress	
	<u> Li</u>			

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 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.

City

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 Type of Action **Address** <u>Title</u> <u>Name</u> **MGRM** ROGER IANNUCCI ☐ Add 325 NW 74TH WAY Remove PLANTATION FL 33316 US. Roger lannucci, Trustee of the <u>MGRM</u> 325 NW 74TH WAY √ Add Roger lannucci Revocable ☐ Remove PLANTATION FL 33316 US Trust June 2012 □Add Remove ∏ Add Remove ∏Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Wynucu
Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00