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# **COVER LETTER**

Division of Cor	rporations	•		
SUBJECT:	A&G MIAM	I MANAGEMENT		
SUBJECT:		ed Liability Company		To a T
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		SE LE LE
Please return all correspondent	ondence concerning this matter	to the following:		TILEY SAME
		GIORGIO PICINELLI		
		Name of Person		
	A&M	MIAMI MANAGEMEN	Т	
		Firm/Company	,	•
	615 NE	22ND STREET APT 1	204	
		Address		-
		MIAMI, FL 33137		_
		City/State and Zip Code		-
	GPI	CINELLI@GMAIL.COM to be used for future annual report	notification)	
For further information	concerning this matter, please c		nonneumon,	
	-			
	RGIO PICINELLI	at ( 305 )	335 3449 Paytime Telephone Numb	
Name	of Person	Area Code & D	aytime Telephone Numb	er
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 enc	Certific closed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)

### 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

( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears or orida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liabi	· · · · —	FLORIDA	and assigned	
Florida document number 'L'120000	<u>08049</u>		2817 SGP	70
This amendment is submitted to amend the following	ing:		NASS II	
A. If amending name, enter the new name of th	e limited liability company here:		に に に に に に に に に に に に に	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company,"	' the designation	"ELC" orthe	abbreviation
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our	records, enter	the name	of the new
Name of New Registered Agent:				
New Registered Office Address:			·	
	Enter 1	Florida street ad	ddress	
-		, Florida _		
	City		Zip Coa	le

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** <u>Name</u> **Address Type of Action** ALEGGANDRA BONZAGNI VIA MAIOCCHI 2 **MGRM** Remove □ Add Remove □ Add ☐ Remove Remov Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member GIORGIO PICINELLI
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00