

#L12000089940

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED  
13 JUL 18 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JUL 19 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vivanoi LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Leonardo Baldi

(Contact Person)

Duetto LLC

(Firm/Company)

540 Greene Street unit 1

(Address)

Key West , FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Leonardo Baldi

(Name of Contact Person)

at 954 822 1158

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

7/15/13

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
13 JUL 18 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vivanoi LLC

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

The Articles of Organization for this Limited Liability Company were filed on 7/11/2012 and assigned  
Florida document number L12000089940.

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 end with 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 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**


7/15/13

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>	<u>Type of Action</u>
MGRM	GIANCARLO FIORILLI	540 Greene St Suite 1	<input type="checkbox"/> Add
		Key West FL 33040	<input checked="" type="checkbox"/> Remove
MGRM	STEVE THOMAS	540 Greene St Suite 1	<input checked="" type="checkbox"/> Add
		Key West FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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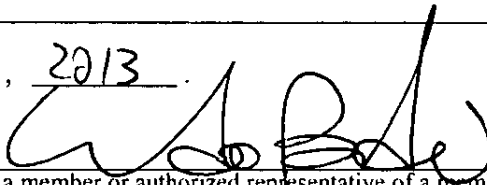
7/16/13 

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

July 25<sup>th</sup>

2013



Signature of a member or authorized representative of a member

LEONARDO BALDI

Typed or printed name of signee

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Filing Fee: \$25.00

7/15/13