

U12000104526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

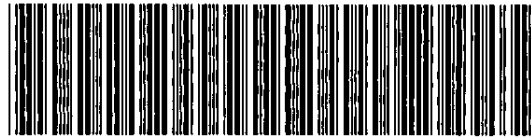
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/12--01014--014 **30.00

APPROVED
AND
FILED
12 AUG 22 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 23 2012

EXAMINED

COVER LETTER

**TO: Registration Section
Division of Corporations**

PETITUSA LLC

SUBJECT: _____
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:

Gianluca Guelfi

Name of Person
PETITUSA LLC

Firm/Company
407 Lincoln Road, #10L

Address
Miami Beach FL 33139

City/State and Zip Code
info@petitmilano.it

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

For further information concerning this matter, please call:

Gianluca

786

at () **218-2242**
Area Code & Daytime Telephone Number

Name of Person

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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AND
FILED

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) ☐ \$0.00 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

PETITUSA, 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 08/14/12 and assigned
Florida document number L12000104526

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

City, Florida 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

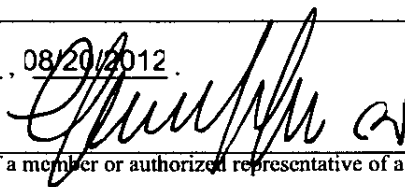
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TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
MGR	GUELF, LUCA GUELF, LUCA	407 Lincoln Road, Suite 10L Miami Beach FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GUELF, GIANLUCA	407 Lincoln Road, Suite 10L Miami Beach FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Miami, 08/20/2012



Signature of a member or authorized representative of a member

Gianluca Guelfi

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 22 AM 11:18

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AND
FILED