L12000118557

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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30U276598353 09/02/15--01019--007 **25.00



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COVER LETTER

TO: Registration Se Division of Cor	ection porations		•
1500 Merio SUBJECT:	dian LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lorenzo Silvestri		
	 	Name of Person	
	Galgano		
		Firm/Company	-
	2 South Biscayne Bouleva	rd STE 2490	
		Address	
	Miami, FL, 33131		
	lsilvestri@galgano.it	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Lorenzo Silvestri		305 6478788	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

1500 Meridian LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited L orida document number <u>L12000118553</u>	iability Company	were filed on 09/17/2012	and assigned		
nis amendment is submitted to amend the follo	owing:				
. If amending name, enter the new name of	f the limited liab	ility company here:			
e new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2 South Biscayne Boulevard STE 2490			
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL, 33131			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 South Biscayne Boulevard STE 2 Miami, FL, 33131	2490		
. If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	nter the name of the		
New Registered Office Address:	2 South Biscay	ne Boulevard STE 2490	19 📑 🦍		
	Miami	Enter Florida street address Florid	a 33141 22		
		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 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	Massimo Nicastro	8301 NW 197th ST	
		Miami, FL, 33015	■ Remove
			Change
MGMR	Giovanni Vianello	2 South Biscayne Boulevard STE 2	■ Add
		Miami, FL, 33131	Remove
			☐ Change
MGMR	Lorenzo Silvestri	2 South Biscayne Boulevard	
		Miami, FL, 33131	☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
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			□ Remove
			Change

						
						
			 			
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Effective date, if other	er than the date of filin	g: 07/01/2015		(optio	onal)	
Note: If the date insert	the date must be specific and the date must be specific and the does not the department of specific and the department of sp	neet the applicab	le statutory filing	requirements, this	date will no	t be listed a
	a delayed effective o		an effective ti	me, at 12:01 a	.m. on th	e earlier (
	ar ine rerom is men					
The 90th day after	1					
The 90th day after	12015	,	. •			
The 90th day after	2015 Signature of a	,	.•			·

Page 3 of 3

Filing Fee: \$25.00