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TALLAHASSEE, FLORIDA

SEP 03 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1500 Meridian LLC

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:

Lorenzo Silvestri

Name of Person

Galgano

Firm/Company

2 South Biscayne Boulevard STE 2490

Address

Miami, FL, 33131

City/State and Zip Code

lsilvestri@galgano.it

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

For further information concerning this matter, please call:

Lorenzo Silvestri

305 6478788
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Type of Action</u>
MGR	Massimo Nicastro	8301 NW 197th ST	<input type="checkbox"/> Add
		Miami, FL, 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	Giovanni Vianello	2 South Biscayne Boulevard STE 2	<input checked="" type="checkbox"/> Add
		Miami, FL, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	Lorenzo Silvestri	2 South Biscayne Boulevard	<input type="checkbox"/> Add
		Miami, FL, 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 SEP -2 AM 10:22
DEPARTMENT OF STATE
WASHINGTON, D.C. 20520

E. Effective date, if other than the date of filing: 07/01/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/31/2015, CA

Luc Platt

Signature of a member or authorized representative of a member

LORENZO SILVESTRI

Typed or printed name of signee