

L12000121362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

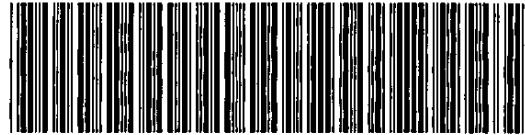
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2014 JUL - 8 PM 3 06

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **LARKHILL RE, 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:

**GIACOMO BOSSA**

Name of Person

**MORIS & ASSOCIATES**

Firm/Company

**3650 NW 82nd AVE, SUITE 401**

Address

**DORAL, FL 33166**

City/State and Zip Code

**gbossa@anmpa.com**

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

2014 JUL - 8 PM 3:06  
FLORIDA SECRETARY OF STATE  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS

2014 JUL - 8 PM 3:06

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For further information concerning this matter, please call:

**GIACOMO BOSSA**

Name of Person

**305 559-1600**

Area Code

Daytime Telephone Number

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)

\$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

LARKHILL RE, 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 9-24-2012 and assigned  
Florida document number L12000121362

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.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

2814 114-1843-07

**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:

MORIS & ASSOCIATES

New Registered Office Address:

3650 NW 82nd AVE, SUITE 401

Enter Florida street address

DORAL

Florida

33166

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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	REMIDA MANAGEMENT LLC	2961 1ST AVENUE NORTH, SUITE F	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		ST PETERSBURG, FL 33713	

MGRM	GIANLUCA BOSCA	VIA VITTORIO VENETO 43	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		CIAMPINO 00043 IT	

MGRM	ANTONELLA FIUME	VIA CASILINA VECCHIA, 36	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		ROME, RM 00182 IT	

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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 24 2014

1950 Sign  
Used or printed name of signer

Typed or printed name of signer

2014-07-07 03:07:41

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**Filing Fee: \$25.00**