612000125173

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TALLANIASSEE, FLORING

T. Sureh (1992) 2014

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

RICK LELLO COLLECTION 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:

MARTTI KALKAS

Name of Person

KALKAS BUSINESS SERVICES

Firm/Company

245 SE 1ST ST STE 225

Address

MIAMI, FL 33131

City/State and Zip Code

MJKALKAS@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MARTTI KALKAS

ູ,305、577-9716

Name of Person

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

RICK LELLO COLLECTION 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 Co Florida document number L12000125173	ompany were filed on 10/01/2012 	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the words "Lim	ited 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		TALLAHE
(Mailing address MAY BE A POST OFFICE BOX)		S2 7
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our reco ess here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
		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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>l itie</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDO RAHME	8119 NW 60TH ST	
		MIAMI, FL 33166	□ Remove
MGR	JAIME PEREIRA CRISTOBAL	R. ANTUNES MACIEL 15	 5 ■ Add
		SAO PAULO, SP 03182-01	O □ Remove
		BRAZIL	
MGR	DANIEL FABBRI RAHME	6601 NW 82 AVE	■ Add
		MIAMI, FL 33166	Remove
		T CRIDA	Add SE Remove Add SE Remove Add Add SE Remove
			□ Remove

ffective date, if other than the date of filing:	(optional)
effective date must be specific, cannot be prior to date of receipt or filed date and c	annot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and ce date this document is filed by the Florida Department of State)	annot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and che date this document is filed by the Florida Department of State)	annot be more than 90 days after
he effective date must be specific, cannot be prior to date of receipt or filed date and che date this document is filed by the Florida Department of State) OCTOBER 9TH 2014 Signature of a member or authorized represe	
ne effective date must be specific, cannot be prior to date of receipt or filed date and come date this document is filed by the Florida Department of State) ated OCTOBER 9TH 2014 August 2014	

Page 3 of 3

Filing Fee: \$25.00

