

L120000148063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

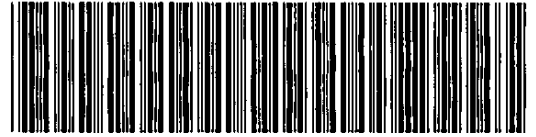
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMARVIT 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)

For further information concerning this matter, please call:

GIACOMO BOSSA at (305) 559-1600
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
1661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

2014 JUL -8 PM 3:08

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REMARVIT 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 11-27-2012 and assigned
Florida document number L12000148063

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:

MORIS & ASSOCIATES

New Registered Office Address:

3650 NW 82nd AVE, SUITE 401

Enter Florida street address

DORAL

City

Florida

33166

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

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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
		ST PETERSBURG, FL 33713	<input type="checkbox"/> Remove
MGRM	ANTONIO VITIELLO	CNE. NOMENTANA, 245	<input type="checkbox"/> Add
		ROME, RM 00162 IT	<input checked="" type="checkbox"/> Remove
MGRM	MICHELE VITIELLO	CNE. NOMENTANA, 245	<input type="checkbox"/> Add
		ROME, RM 00162 IT	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

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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

Massimo Donati

Signature of a member or authorized representative of a member

Massimo Donati

Typed or printed name of signer

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FILED
CLERK OF DISTRICT COURT
WALLAHASEE COUNTY, FLORIDA