## 1/2000/58647

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## **COVER LETTER**

то:		stration Section of Corp						
		BANETTI G	ROUP LLC					
SUBJEC	CT: _		Name of Lim	ited Liability Company				
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn :	all correspon	dence concerning this matter	to the following:				
			MATTHEW Q BOEHNE					
				Name of Person		<del></del>		
			BANETTI GROUP LLC					
				Firm/Company	<u> </u>			
		4885 NW 7TH AVENUE						
				Address		•		
			MIAMI, FLORIDA 33127	,				
				City/State and Zip Code			57, 44	
			E-mail address: (	to be used for future annual	report notification)		fig sep	
For furth	her in	formation co	ncerning this matter, please ca	all:			27	
MATTHEW Q BOEHNE				202 26	52-2500		Ū	
		Name of	Person	Area Code	Daytime Telephon	e Number	- હ 03	
Enclosed	d is a	check for the	following amount:					
\$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is end	closed)	60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &	
		Registra	NG ADDRESS: tion Section of Corporations x 6327	Registrat	T/COURIER ADD tion Section of Corporations Building	RESS:		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BANETTI GROUP LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 12-20-2012	and assigned
lorida document number 1.12000158642		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	r the abbreviation "L.L.C."
inter 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)		, ¬.
		14 E/4
		- <del>-</del> -
3. If amending the registered agent and/or registered		enter the name of the
egistered agent and/or the new registered office address b	<u>nere</u> :	[1] []
		ئىر.ا بىب
Name of New Registered Agent:		
New Registered Office Address:		لمقدا
New Registered Office Address.	Enter Florida street address	
	. Flori	da
<del></del>	City	Car Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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 eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action			
MGR	MATTHEW Q BOEHNE	4885 NW 7TH AVE	Add			
		MIAMI, FL 33127	☐ Remove			
			<b>■</b> Change			
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ective	date, if othe	er than the da	te of filing	;;				(optional)		
<u>te:</u> lf t	he date insert	er than the da , the date must be ed in this block ate on the Depa	does not m	neet the app	plicable sta	f filing or mor tutory filing	e than 90 day requiremen	s after filing ts. this date	i.) Pursuant : wil <u>l.</u> not l	t to 605.020 be listed a
		a delayed e er the record		ate, but	not an e	ffective tir	ne, at 12	:01 a.m.	on the	earlier (
ted	Seple	insperl	9	20 <del>-</del>	18:	,				
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Typed or printed name of signee