

L1300004a701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

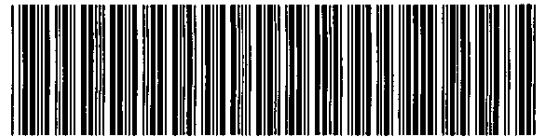
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LANSING, MI 48226

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JUN 13 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2014

LILY AMADOR
SHOMAR ACCOUNTING, PA
7777 NW 146TH ST
MIAMI LAKE, FL 33016

SUBJECT: VESTITI GROUP, LLC
Ref. Number: L13000042701

We have received your document for VESTITI GROUP, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 314A00012004

REGULATORY SPECIALIST II
DEBORAH BRUCE
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VESTITI GROUP, 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:

LILY AMADOR
Name of Person

SHOMAR ACCOUNTING, PA
Firm/Company

7777 NW 146TH ST
Address

MIAMI LAKE, FL 33016
City/State and Zip Code

LILY@SHOMARACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILY AMADOR at **(305) 825-1123**
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

STATE OF FLORIDA
TALLHASSEE REGISTRATION

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VESTITI GROUP, 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 03/21/2013 and assigned Florida document number L13000042701.

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

New Registered Office Address:

_____ *Enter Florida street address*
_____, 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, 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	CONSUELO MAJA MANDER	VIA POLIZIANO N.7	<input checked="" type="checkbox"/> Add
		20154 MILANO	<input type="checkbox"/> Remove
		ITALY	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 MAY 6, 2014

** Laura Cipolla*

Signature of a member or authorized representative of a member

LAURA CIPOLLA

Typed or printed name of signer

FLORIDA DEPARTMENT OF STATE
PALM BEACH COUNTY

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