

43000047736

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2019 MAR 25 PM 6:10

CLERK OF COURT

C. GOLDEN

MAR 25 2019

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CEDRUS CAPITAL LLC  
DOCUMENT NUMBER: 113000047736

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUNO MACCHIALLI

Name of Contact Person

CEDRUS CAPITAL LLC

Firm/ Company

425 PORTSMOUTH BAY AVE

Address

FL. 32081

City/ State and Zip Code

brmacchiali@gmail.com

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

For further information concerning this matter, please call:

BRUNO MACCHIALLI at ( 1 ) 904-254-9491  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2019

BRUNO MACCHIALLI  
425 PORTSMOUTH BAY AVENUE  
PONTE VEDRA, FL 32081

SUBJECT: CEDRUS CAPITAL LLC  
Ref. Number: L13000047736

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The registered agent and street address must be consistent wherever it appears in your document.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 919A00004165

RECEIVED

2019 MAR 25 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE

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

**FILED**

2019 MAR 25 PM 6:10

CEDRUS CAPITAL 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 APRIL 01<sup>st</sup> 2013 and assigned Florida document number L13000047736.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain 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)

425 PORTSMOUTH BAY AVE  
PONTE VEDRA, FL 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

425 PORTSMOUTH BAY AVE  
PONTE VEDRA, FL 32081

**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:

ALINA MACCHIALLI

New Registered Office Address:

425 PORTSMOUTH BAY AVE

*Enter Florida street address*

PONTE VEDRA, Florida 32081

*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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>CEO</u>	<u>GREGORY PEPIN</u>	<u>One Cable Beach</u>	<input type="checkbox"/> Add
		<u>Nassau, NP</u>	<input checked="" type="checkbox"/> Remove
		<u>Nassau</u>	<input type="checkbox"/> Change
<u>PTD</u>	<u>CATHERINE SCIOREKA-PEPIN</u>	<u>One Cable Beach</u>	<input type="checkbox"/> Add
		<u>Nassau, NP</u>	<input checked="" type="checkbox"/> Remove
		<u>Nassau</u>	<input type="checkbox"/> Change
<u>CEO</u>	<u>BRUNO MACCHIALLI</u>	<u>425 Portsmouth Bay Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Ponte Vedra, FL 32081</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A


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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated March 18<sup>th</sup> , 2018 .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

BRUNO MACCHIALLI

\_\_\_\_\_  
Typed or printed name of signee