## 1300057918

(Re	questor's Name)	
(Ad	dress)	· · ·
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
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March 11, 2014

ELENORE TODARO JET SET GROUP LLC 860 COLLINS AVENUE MIAMI BEACH, FL 33139

SUBJECT: GREVILLC

Ref. Number: L13000057918

We have received your document for GREVI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please mark the box to add or remove.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 314A00005285

www.sunbiz.org

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## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: GRE	/I LLC				
SUBJECT.	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
	Eleonora To	odaro			
		Name of Person			
	JET SET G	ROUP LLC			
		Firm/Company			
	860 collins a	avenue			
		Address		- 1-3	
	Miami Beac	h, FL 33139		2014 MAR 20 ACCARDAS	****
		City/State and Zip Code	<del> </del>	常力	9 2 ************************************
	info@jetsetgroup	ollC.COM to be used for future annual report notif	instina)	121 734	1 ["]"
For further information co	incerning this matter, please c	•	ication	ESCHOOL S	Vanitary Vanitary
Eleonora To	odaro	305\79830	95	3: 09 STATE TURNEA	
Name of	Person	Area Code Daytime	Telephone Number	<del></del>	
Enclosed is a check for the	e 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 Certificate o Certified Co (additional cop	f Status & py	

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

GREVI LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	i <mark>ny as it now appear</mark> Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document number L13000057918	iability Company	were filed on 04	/19/2013	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company he	ere:	
The new name must be distinguishable and end with the	words "Limited Liah	nility Company." the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic			NS AVENUE	201 TA
(Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI BEA	CH, FL 33139	
				- 1 2 B
Enter new mailing address, if applicable:		860 COLLIN	NS AVENUE	
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI BEA	CH, FL 33139	
				<u> ၂၈</u> <b>ပု</b>
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her		our records, ente	er the name of the no
New Registered Office Address:	860 COLLI	NS AVENUE		
			ida street address	
	MIAMI BEA	<del></del>	, Florida	33139
New Registered Agent's Signature, if changing	Registered Agent:	City		Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the provi	ed agent and agr	ee to act in this c	•	

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

Page 1 of 3

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 **Title Type of Action** <u>Name</u> Address 860 COLLINS AVENUE \_ Add MGR GIANGIACOMO GROPPETTI MIAMI BEACH, FL 33139 860 COLLINS AVENUE MGR RENATO MARTINELLI MIAMI BEACH, FL 33139 VILMA CARAFFINI 860 COLLINS AVENUE MGR MIAMI BEACH, FL 33139 Remove ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
ffective date, if other than the date of filing:  the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
ted MARCH 6 <sup>Th</sup> 2014	
еш	
X 66	
Signature of a member or authorized repres	
Signature of a member or authorized repres	entative of a member
GIANGIACOMO GROPPETTI	entative of a member

Page 3 of 3

Filing Fee: \$25.00

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