## (m)

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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	Mait I Mait	ΛAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer,	
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### **COVER LETTER**

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Registration Section

TO:

Division of Co	rporations		
VAVIALE	INVESTMENT, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
<b></b>			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	MARIA GABRIELLA GO	ORRIN	
		Name of Person	<del></del>
	ACTIONIS CONSULTIN		
		i'um/v'ompany	A AAAA Militari oo ahaa ah ahaa ah ahaa ah ahaa ah ahaa ah ah
	7520 NW 104th Ave. Ste	A103-PMB 4140	
		Address	<del></del>
	Doral, FL 33178-3374		
		City/State and Zip Code	·····
	actionisconsultingcorp@gn		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
MARIA GABRIELLA C		786 3178403	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ic 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		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	•
Tallahassee, F			oe Street. Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAVIALE INVESTMENT, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 07/19/2013 and assigned
lorida document number [.13000076031]	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	iny here:
he 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)	
	S 20
inter new mailing address, if applicable:	1974 ST
Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	7. 2 m., <u>=</u>
3. If amending the registered agent and/or registered office address on	
gent and/or the new registered office address here:	n,
Many and Many Dominion of Association	
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address
1,700	
	Florida

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

/ 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>	Address	Type of Action
MGR	ZAVATTI RODRIGUEZ, LEONAI	1010 BRICKELL AVI., 2804	□Add
		MIAMI, FL 33131	■Remove
			□Change
MGR	AZZATO SORDO, ALESSANDRA	1010 BRICKELL AVE, 2804 MIAML FL 33131	□Add
		MIAMI, FL 33131	Remove
			□Change
			□Add
			□Remove
		·	□Change
		<del></del>	🗆 Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
		<del>4.</del>	□Add
			□Remove
			□Change

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) 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 AUGUST, 13 Signature of a member of authorized representative of a member-VITTORIA, ZAVATTI AZZATO Typed or printed name of signee