

# L130000109518

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H14000152258 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : F & S PROJECTS CORP  
Account Number : I20120000041  
Phone : (954) 482-9681  
Fax Number : (954) 482-8696

TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BESTUM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(H14000152258 3)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BESTUM 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:

**RAFAEL FERRER**

Name of Person

**F&S PROJECTS CORP**

Firm/Company

**1920 N COMMERCE PARKWAY, STE. # 3**

Address

**WESTON, FL. 33326**

City/State and Zip Code

**CONTACT@FANDSPROJECTS.COM**

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**RAFAEL FERRER**

Name of Person

at ( **954** ) **482.9681**

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

(H14000152258 3)  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**BESTUM 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 08/02/2013 and assigned  
 Florida document number L13000109518.

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.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)

**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

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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>
MGRM	LOCATELLI, ORSO GIORDI	1920 N COMMERCE PARKWAY	<input type="checkbox"/> Add
		SUITE 1920-3	<input checked="" type="checkbox"/> Remove
		WESTON, FL. 33326	
MGRM	PAOLO DELLA GIOVANNA	1920 N COMMERCE PARKWAY	<input checked="" type="checkbox"/> Add
		SUITE # 3	<input type="checkbox"/> Remove
		WESTON, FL. 33326	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 JUN 26 PM 3:13  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 01-13-2014 BY 60322 UCBAW

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

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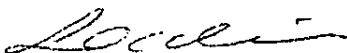
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 25, 2014



Signature of a member or authorized representative of a member

**ORSO GIORDI LOCATELLI**

Typed or printed name of signer

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

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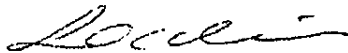
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 25, 2014.



Signature of a member or authorized representative of a member

**ORSO GIORDI LOCATELLI**

Typed or printed name of signer

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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