L17606 120014

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: LALL	A LLC					
School .	Name of Lim	nited Liability Company				
771 1 1 1 1 1 1 1						
	Amendment and fee(s) are sub	-				
Please return all correspondent	ondence concerning this matter	to the following:				
	SAMANTHA	MINCER				
	BRIDGE CO	Name of Person NDO MANAGE	MENT			
		Firm'Company				
	4700 MILLE	NNIA BLVD				
		Address				
	ORLANDO, FL					
		City/State and Zip Code				
		econdomanagement.co				
For further information of	concerning this matter, please c	•				
SAMANTHA MINCER 407 3252111						
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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)			
Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations fox 6327 assec, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Fl. 323	n ntions nter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LALLA LLO		· · · · · · · · · · · · · · · · · · ·		
(Name of the Lim	(A Florida Limited L	ny as it now appears on a liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number <u>L1300012001</u>	Liability Company	were filed on 08/26	5/2013 and as	signed
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name of	of the limited liabi	ility company here:		
The new name must be distinguishable and end with the	e words "Limited Liab	ility Company," the design	nation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:		4700 miles	ia Blud # 175	
(Principal office address MUST BE A STREET ADDRESS)		'Orlado,	in Blud # 175 FL, 32839	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4700 Mille Orlando, FL	rua BVd # 175	
B. If amending the registered agent and registered agent and/or the new registered of	office address here	2:	records, enter the name	of the new
Name of New Registered Agent:	SAMANTE	HA MINCER	<u> </u>	<u> </u>
New Registered Office Address:	C/O BRIDGE		ENT 4700 MILLENNIA BLYC	#175
	Enter Florida strec		· 8	
ORLAND			, Florida 32839 Zip Code	1
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		· · · · · · · · · · · · · · · · · · ·	- : :
I hereby accept the appointment as register provisions of all statutes relative to the pro-	-	•		

If Changing Registered Agent, Signature of:New:Registered/Agent

Page 1 of 3

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 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> Address Type of Action Name VIA ROMA 10 MGR **ENRICO GIORGINI** Add 🗎 05018 ORVIETO (IT) □ Remove DbA □ □ Remove ☐ Remove : C. □ Remove □ Remove □ Add _□ Remove

D. If amending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
E Effective data if other than the data of Street	
E. Effective date, if other than the date of filing:	
Dated JULY 01	2014
	zgim'
	nber for authorized representative of a member
LAURA GIORGINI	ped or printed name of signee
1 y	her of himter dame of signee

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Filing Fee: \$25.00