

L13000134806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 17 2015

BRUC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LARETTAMIA 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:

LARA CIRIBI

\_\_\_\_\_  
Name of Person

LARETTAMIA LLC

\_\_\_\_\_  
Firm/Company

450 ALTON ROAD SUITE 1910

\_\_\_\_\_  
Address

MIAMI BEACH FLORIDA 33139

\_\_\_\_\_  
City/State and Zip Code

larettamia@gmail.com

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

For further information concerning this matter, please call:

LARA CIRIBI

305 799-8239  
at ( )

\_\_\_\_\_  
Name of Person

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)

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TALLAHASSEE, FLORIDA

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

LARETTAMIA 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 09/04/2013 and assigned  
Florida document number L13000124806

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 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)**

450 ALTON ROAD SUITE 1910

MIAMI BEACH FLORIDA 33139

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME

**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:

INTERNATIONAL MIRACLE GROUP INC

New Registered Office Address:

13607 SW 117 LN

*Enter Florida street address*

MIAMI

Florida 33186

*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

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>
MGRM	LARA CIRIBI		<input type="checkbox"/> Add
		450 ALTON ROAD SUITE 1910	<input type="checkbox"/> Remove
		MIAMI BEACH FLORIDA 33139	<input checked="" type="checkbox"/> Change
MGR	IACONO YLENIA		<input checked="" type="checkbox"/> Add
		450 ALTON ROAD SUITE 1910	<input type="checkbox"/> Remove
		MIAMI BEACH FLORIDA 33139	<input type="checkbox"/> Change
MGR	PAOLO CONIGLIO		<input type="checkbox"/> Add
		450 ALTON ROAD SUITE 1804	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH FLORIDA 33139	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated 9/1/2015.-

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

4924 cici si. —

Typed or printed name of signee