## Florida Department of State (Division of Cover Sheet) Efectionic Filing Cover Sheet

Note: Please print this page and use it as a cover-sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Co	rpor	ations	-	25.5	ر
	Fax Number	: (	850)617-638	3	m.	Ċ
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	Account Number		20150000007		조안	7.
	Phone		305)373-701		9,	(A)
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Help

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	CORE MIA			
SUBJE	СТ:	Name of Uimit	ed Liability Company	
		Amendment and fee(s) are subm		
	,	FEDERICA MAGNI		
			Nume of Person	
		PIERO SALUSSOLIA CO	RPORATE MANAGEMENT	
			LimvCompany	
		1410 20TH STREET UND	214	
			Address	<del></del>
		MIAMUBEACH FL 33 139		
		monica <sup>sis</sup> pspalov.com	City/State and Zip Cooke	
		E-mail address: (I	o be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please or	dF:	
FEDE	RICA MAGNI		305 3737016	
	Name o	n'Person	at () Area Code Daytir	ne l'eleptione Number
Enclos	ed is a check for (	he following amount:		
■ \$2	5.00 Piling 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)
			*1*	
	MAII	ING ADDRESS:	STREET/COUR	HER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, Ft. 32314

Registration Section

Division of Corporations Citton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cole Mian (Same of the Limited Liability Comp	any as it now appears on our records.) Limbility Company)	
The Articles of Organization for this Limited Liability Company  LI3000151262		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	4
N/A		- <u>2</u>
The new name must be distinguishable and contain the words "Limited Liab	hility Company," the designation "LLC" or the	ne abbreviation "L.ICC"
Enter new principal offices address, if applicable:		33 W
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		5.5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	ere:	,
Name of New Registered Agent:		
New Registered Office Address:	(nter Florida street uddress	
	. Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	ge performance of my maies, and i is provided for in Chapter 605, F.S.	Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>tle</u>	Name	Address	Type of Action
3R	MARIA ROMY JIMENEZ	1410 20TH STREET STE 214	<b>■</b> Add
	<del></del>	MIAMI BEACH, FL 33139	□ Remove
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Filing Fee: \$25.00