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COVER LETTER

TO:,	Registration S Division of Co			
CUD		RELLI HOMES LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all corresp	ondence concerning this matter	to the following:	
		RAUL MAGISTRELLI		
			Name of Person	
		MAGISTRELLI HOMES	LLC	
			Firm/Company	
		2617 ALOE AVE		
		<u> </u>	Address	
		COCONUT CREEK, FL	33063	
			City/State and Zip Code	
		RAULMAGISTRELLI7@0		
		E-mail address: (to be used for future annual report notif	ication)
For fu	urther information	concerning this matter, please co	all:	
RAU	L MAGISTRELLI		954 213-2814 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclo	osed 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGISTRELLI HOMES LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) v)
he Articles of Organization for this Limited lorida document number L14000002781	Liability Company were filed on	01/07/2014 and assigned
is amendment is submitted to amend the fo	lowing:	
. If amending name, enter the new name	of the limited liability company	here:
	1 min 2 11:122 G	The state of the s
e new name must be distinguishable and contain the	words "Limited Liability Company, th	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	cable:	<u>25</u>
rincipal office address MUST BE A STRE	ET ADDRESS)	
		23 23 23
		Fig. E D
ter new mailing address, if applicable:		9
lailing address MAY BE A POST OFFICE		52 101
If amending the registered agent and	l/or registered office address	on our records, enter the name of the
gistered agent and/or the new registered	office address here:	,
Name of New Registered Agent:	RAUL MAGISTRELLI	
New Registered Office Address:	2617 ALOE AVE	
	Enter I	Florida street address
	COCONUT CREEK	Florida 33063
		, FIULIUA

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RODRIGO MAGISTRELLI	3796 COCO LAKE DR	□ Add
		COCONUT CREEK, FL 33073	■ Remove
			□ Change
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and can k does not meet	the applicable sta			;.) Pursuant to 605,02
e record specifies a delayed The 90th day after the reco		, but not an ϵ	effective time, a	t 12:01 a.m.	on the earlier
Dated	20	018			
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Page 3 of 3

Filing Fee: \$25.00