

L14000004183

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H140000156673ABC

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ALEX IMMOBILIARE LLC

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N. Gullison JAN 22 2014

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COVER LETTER

H1400001566

TO: Registration Section
Division of Corporations

SUBJECT: ALEX IMMOBILIARE 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:

BRUNO SARTORI
Name of Person
255 OCEANIC AVENUE
Address
LAUDERDALE BY THE SEA, FL 33308
City/State and Zip Code

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

For further information concerning this matter, please call:

BRUNO SARTORI at 954 309-1109
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)

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

H1400001566

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

Title	Name	Address	Type of Action
AMBR	ALEX STAMPATORE	255 OCEANIC AVENUE	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Remove
AMBR	ALESSANDRO STAMPATORE	255 OCEANIC AVENUE	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33308	<input type="checkbox"/> Remove
MGR	ALEX STAMPATORE	255 OCEANIC AVENUE	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Remove
MGR	ALESSANDRO STAMPATORE	255 OCEANIC AVENUE	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

H1400001560

Four horizontal lines for amending information.

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 1/21, 2014

Bruno Sartori
Signature of a member or authorized representative of a member
BRUNO SARTORI
Typed or printed name of signor

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