

L140000004183

Florida Department of State
Division of Corporations
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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

2014 JAN 21 AM 8:34

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALEX IMMOBILIARE LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

N. Gullison

JAN 22 2014.

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

Firm/Company

255 OCEANIC AVENUE

Address

LAUDERDALE BY THE SEA, FL 33308

City/State and Zip Code

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUNO SARTORI

Name of Person

at 954 309-1109

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALEX IMMOBILIARE 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 1/7/2014 and assigned
Florida document number L14000004183

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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

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


Signature of a member or authorized representative of a member
BRUNO SARTORI

Typed or printed name of signor

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

L99500007114