

LI4000017435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

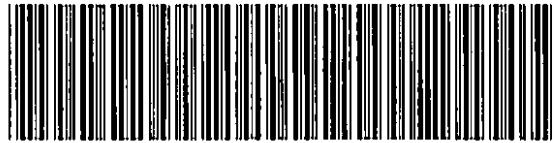
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/18-01/11/2019 4:25:00

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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SEP 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2018

URSULA CONTI
55 MERRICK WAY, APT 844
CORAL GABLES, FL 33134

SUBJECT: CONTI TWO LLC
Ref. Number: L14000017435

We have received your document for CONTI TWO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check box to indicate if you adding, removeing or changing memebbers listed on page 2

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00018081

2018 SEP 17 11:00 AM
Filing
L14000017435

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

CONTI TWO 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 01/30/2014 and assigned
Florida document number 1.14000017435

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)

55 MERRICK WAY, APT 844

CORAL GABLES, FL. 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55 MERRICK WAY, APT 844 ✓

CORAL GABLES, FL. 33134 ✓

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:

URSULA CONTI

New Registered Office Address:

55 MERRICK WAY, APT 844

Enter Florida street address

CORAL GABLES

City

Florida 33134

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.

(Signature)
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>
AMBR	URSULA CONTI	55 MERRICK WAY	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL. 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GABRIEL CONTI	719 PARADISO	<input type="checkbox"/> Add
		CORAL GABLES, FL. 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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JUL 11 2019
CLERK OF COURT
JUL 11 2019

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

THE % OWNED BY THE MEMBERS IS AS FALLOWS:

URSULA CONTI 50%

GABRIEL CONTI 50%

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SEP 17 AM 7:49
18

E. Effective date, if other than the date of filing: _____ **(optional)**

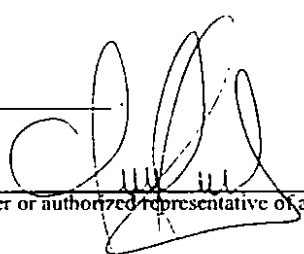
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____



Signature of a member or authorized representative of a member

URSULA CONTI

Typed or printed name of signee