

L14000017435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

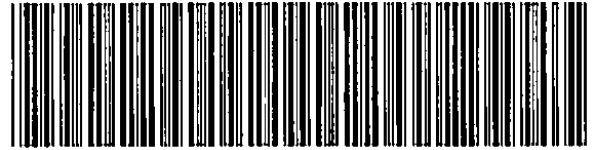
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800352095038

03/17/20--01007--026 **25.0

FILED
2020 DEC 28 PM 5:01
FALL RIVER, MA

DEC 30 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2020

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):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 120A00021301

COVER LETTER

TO: **Registration Section**
Division of Corporations

CONTI TWO LLC

SUBJECT: _____
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:

URSULA CONTI

Name of Person

CONTI TWO LLC

Firm/Company

55 MERRICK WAY, APT 844

Address

CORAL GABLES FL 33134

City/State and Zip Code

CONTI2.IAGU@GMAIL.COM

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

For further information concerning this matter, please call:

URSULA CONTI

786

3329055

at (_____) _____

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

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 assigner
Florida document number L14000017435

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:

55 MERRICK WAY APT 844

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33134

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 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

Florida 33134

City

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 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 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
AMBR	URSULA CONTI	55 MERRICK WAY. APT 844	<input 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 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALESSANDRA CONTI	AVENIDA EL SAMAN, QUINTA LA GULA	<input checked="" type="checkbox"/> Add
		COUNTRY CLUB, CARACAS VENEZUELA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ILVA CASTRO DE CONTI	AVENIDA MOREDANO CON 4TA TRANSVERSAL	<input checked="" type="checkbox"/> Add
		La Castellana, Residencias Ambas	<input type="checkbox"/> Remove
		Caracas, Venezuela	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

THE % OWNED BY THE MEMBERS IS AS FOLLOWS:

URSULA CONTI 25%

GABRIEL CONTI 25%

ALESSANDRA CONTI 25%

ILBA CASTRO DE CONTI 25%

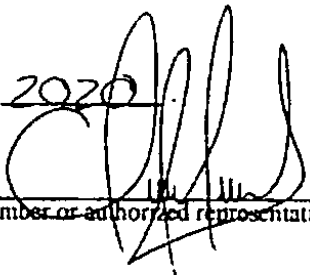
E. Effective date, if other than the date of filing: _____ (optional)

(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 (

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 September 14th 2020



Signature of a member or authorized representative of a member

URSULA CONTI

Typed or printed name of signer