

L14 0000 17435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05/28/21--01011--009 **25.00

21 MAY 28 PM 3:45

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONTI TWO 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:

URSULA CONTI CASTRO

Name of Person

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 CASTRO

786 3329055
at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

21 MAY 28 PM 3:45

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 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

URSULA CONTI CASTRO

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.

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

21 MAY 28 PM 3:45

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	URSULA CONTI CASTRO	301 ALTARA AVENUE APT 721	<input type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input type="checkbox"/> Remove
		UNITED STATES OF AMERICA	<input checked="" type="checkbox"/> Change
AMBR	GABRIEL CONTI	330 RIDGEWOOD ROAD	<input type="checkbox"/> Add
		CORAL GABLES FL 33133	<input type="checkbox"/> Remove
		UNITED STATES OF AMERICA	<input checked="" type="checkbox"/> Change
AMBR	ALEXANDRA CONTI DE ROME	AVENIDA EL SAMAN, QUINTA LA GUIA	<input type="checkbox"/> Add
		COUNTRY CLUB, CARACAS	<input type="checkbox"/> Remove
		DISTRITO FEDERAL, VENEZUELA 1060	<input checked="" type="checkbox"/> Change
AMBR	ILVA CASTRO DE CONTI	AVE. MOHEDANO CON 4TA TRANSVERSAL	<input type="checkbox"/> Add
		RES.AMBASSADOR.LA CASTELLANA.CARACAS	<input checked="" type="checkbox"/> Remove
		DISTRITO FEDERAL, VENEZUELA 1060	<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

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

THE % OWNED BY THE MEMBERS IS AS FOLLOWS:

URSULA CONTI CASTRO 30%

GABRIEL CONTI 30%

ALEXANDRA CONTI DE ROMERO 40%

21 MAY 28 PM 3:45

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 MAY 24TH, 2021

Signature of a member or authorized representative of a member

URSULA CONTI CASTRO

Typed or printed name of signer