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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

DEC 09 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADRUGADA 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:

Walter Favaro

Name of Person

Firm/Company

1680 MICHIGAN AVE - SUITE 910

Address

33139 MIAMI BEACH - FLORIDA

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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>
MGR	SARTORI, IVONE	1150 KANE CONCOURSE	<input type="checkbox"/> Add
		SECOND FLOOR	<input checked="" type="checkbox"/> Remove
		Bay Harbor Islands, Fl 33154	<input type="checkbox"/> Change
Owner	SARTORI, IVONE	1150 KANE CONCOURSE	<input type="checkbox"/> Add
		SECOND FLOOR	<input checked="" type="checkbox"/> Remove
		Bay Harbor Islands, Fl 33154	<input type="checkbox"/> Change
MGR	Walter Favaro	1680 MICHIGAN AVE	<input checked="" type="checkbox"/> Add
		SUITE 310	<input type="checkbox"/> Remove
		33139 MIAMI BEACH -FLORIDA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: DECEMBER 6, 2016 (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 December 7 2016

December 7, 2016


Signature of a member or authorized representative of a member

GIANN. BECCIU
Typed or printed name of signer

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