# L14000116751

	_	
(Red	questor's Name)	
(Ada	dress)	•
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		!
nc K	Office Use Or	nlv



600264158486

09/15/14--01010--004 \*\*25.00

BIAIZION OF CO-SCG VIVIE BIAIZION OF CO-SCG VIVIE BIAIZION OF CO-SCG VIVIE

SEP 1 9 2014 J. HARRIS

#### **COVER LETTER**

ro:	Registration Section
	Division of Corporations

FF Usa Realty 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:

matteo	
Name of Person	
soldatini	
Firm/Company	
1300 pennsylvania ave #308	
Address	
miami beach FL 33139	
City/State and Zip Code	
info@redgroup.estate	

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

For further information concerning this matter, please call:

## matteo soldatini

Name of Person

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**

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on  Florida document number	07/24/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and end with the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	eu -
(Principal office address MUST BE A STREET ADDRESS)	VISION OF SECRET
	5 225
Enter new mailing address, if applicable:	P SEC
(Mailing address MAY BE A POST OFFICE BOX)	3: 27 by 5
B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here:	on our records, enter the name of the nev
Name of New Registered Agent:	·
New Registered Office Address:  Enter F	lorida street address
	, Florida
City	Zip Code

FF Usa Bealty Li C

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	matteo soldatini	1300 pennsylvania ave #3	<b>08</b> ■ Add
		miami beach FL 331	39 <sub>□ Remove</sub>
			Add
			☐ Remove
			□ Remove
			Redove SEP
	<del></del>		IS P# 3: 4 Removes
			☐ Remove≥
			□ Add
			□ Remove

	•
-	
ctive da	te, if other than the date of filing: (optional) te must be specific cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ffective da	re, if other than the date of filing:
effective da date this do	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
effective da late this do	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective da date this do	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00