

L14 000118788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

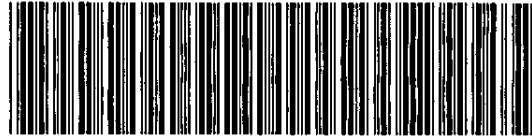
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 16 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JULY INVESTMENT 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:

MIRCO TIBALDO

Name of Person

JULY INVESTMENT LLC

Firm/Company

111 2ND AVE NE STE 346

Address

ST PETERSBURG FL 33701

City/State and Zip Code

INFO@TIBALDO.IT

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

For further information concerning this matter, please call:

MIKE TAYLOR

at (727) 412-0550

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

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

JULY INVESTMENT 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 07/29/2014 and assigned
Florida document number L14000118785.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JULY INVESTMENTS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

111 2ND AVE NE STE 346

(Principal office address MUST BE A STREET ADDRESS)

ST PETERSBURG FL 33701

Enter new mailing address, if applicable:

111 2ND AVE NE STE 346

(Mailing address MAY BE A POST OFFICE BOX)

ST PETERSBURG FL 33701

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	REMIDA MANAGEMENT	2961 1ST AVE N #F	<input type="checkbox"/> Add
		ST PETERSBURG FL 33713	<input checked="" type="checkbox"/> Remove
MGR	BRANDI FRANCESCO	VIA CANTON 71	<input type="checkbox"/> Add
		ROMA, RM 00144 IT	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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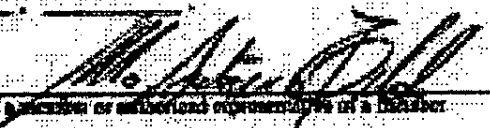
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER, 30TH 2014


Signature of petitioner or authorized representative of a debtor

MIRCO ANTONIO TIBALDO

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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