on of Corporation

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087

Phone : (954)389-1333

Fax Number : (954)389-1397

**Enter the email address for this business entity to be used for fiture annual report mailings. Enter only one email address please. **c

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRATOLA INVESTMENTS, LLC

	<u> </u>
Certificate of Status	1
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRATOLA INVESTMENTS, LLC		
(Name of the Limited Liability Company as it now appe- (A Florida Limited Liability Company)	ars on our records.)	
		479
The Articles of Organization for this Limited Liability Company were filed on $\frac{8}{2}$	3/25/14 = = and a	ssigned
Florida document number L14000133248	A ya	
The state of the s	645 A 1279	- I
This amendment is submitted to amend the following:	fig.ed m.g.	Amil.
A. If amending name, enter the new name of the limited liability company b	here:	PR ;
	Q _i y	77.
The new name must be distinguishable and end with the words "Limited Liability Company," th	ne designation "LLC" or the abbreviation	"CDC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		,
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address of	on our records, enter the name	e of the new
registered agent and/or the new registered office address here:	•	
Name of New Registered Agent:		
New Registered Office Address:		
	lorida street address	
	, Florida	
Cirv	Zip Coa	e

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

MGR = Manager

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:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			□ Add
			Reffieve
			G Add
			Remove
			□ Remove
			411114
			□ Add
			Remove
			☐ Remove

THE SPELLING OF REGISTERED AGENT IS YENNI S. PINATE DE CARDUCC	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed dithe date this document is filed by the Florida Department of State) Dated Dated Signature of a member or authorized	
Yenni S. Pinate De Typed or printed na	- Carducci 37 8

Page 3 of 3

Filing Fee: \$25.00