

L14000136228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

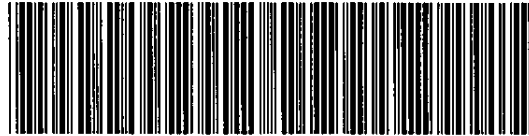
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 APR -9 PM 12:31  
FALLS CHURCH, VA

**W. Ouligan** APR 22 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MGH 81 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:

RAFFAELE QUATTROCCHI

Name of Person

Delphi Investment Realty Inc

Firm/Company

6700 SW 64th Street

Address

South Miami, Florida 33143

City/State and Zip Code

raffaele0218@gmail.com

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

For further information concerning this matter, please call:

RAFFAELE QUATTROCCHI

at ( 786 ) 325-9517

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

FILED

2015 APR -9 PM 12:31

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

MGH 81 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 09/02/2014 and assigned  
Florida document number L14000136228.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6700 SW 64th Street

**(Principal office address MUST BE A STREET ADDRESS)**

South Miami, Florida 33143

Enter new mailing address, if applicable:

6700 SW 64th Street

**(Mailing address MAY BE A POST OFFICE BOX)**

South Miami, Florida 33143

**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:

RAFFAELE QUATTROCCHI

New Registered Office Address:

6700 SW 64th Street

*Enter Florida street address*

South Miami

Florida 33143

*City*

*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 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	ALESSANDRA DI IORIO	3700 MARY STREET	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
MGR	ALESSANDRA DI IORIO	6700 SW 64th Street	<input checked="" type="checkbox"/> Add
		SOUTH MIAMI, FL 33143	<input type="checkbox"/> Remove
MGR	MICHELE MOAURO	3700 MARY STREET	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
MGR	MICHELE MOAURO	6700 SW 64th Street	<input checked="" type="checkbox"/> Add
		SOUTH MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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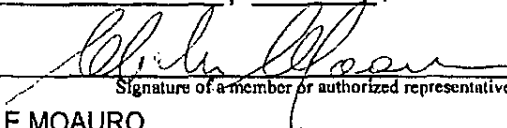
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 2, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**MICHELE MOAURO**  
\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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