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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)694-1639

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IL SASSO, LLC

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May 27, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

IL SASSO, LLC 1150 KANE CONCOURSE SECOND FLOOR BAY HARBOR ISLANDS, FL 33154US

SUBJECT: IL SASSO, LLC REF: L14000142565

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect tha type of document you are filing. Please generate a new fax sudit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Jenna D Harris Regulatory Specialist II FAX Aud. #: E16000130119 Letter Number: 116A00011246

28% HAY 27 AM 10:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab)	Htv Company as it now appears on our records.)						
(A Flori	lity Company as it now appears on our records.) da Limited Liability Company)						
The Articles of Organization for this Limited Liability	Company were filed on 09/11/2014	and assigned					
Florida document number L14000142565	·						
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 contain the words "Li	mited Liability Company," the designation "LLC" or th	± abbreviation "I_LC."					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD	ORESS)						
Enter new mailing address, if applicable:	<u> </u>						
(Mailing address MAY BE A POST OFFICE BOX)							
		2 3					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	distered office address on our records, <u>en</u> idress here:	ter the name of the new					
		T 20 1					
Name of New Registered Agent:	The second secon	7 7 11					
New Registered Office Address:	Enter Florida street address	RAN					
· ·		٠٠٠ هـ					
	City Florida	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 Anthorized Person(s) authorized to manage, enter the tide, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Títle</u>	<u>Name</u>	Address	Type of Action		
MGR	NIKITA INVESTMENT 2012, LL	235 LINCOLN RD STE 310	□ Add		
		MIAMI BEACH, PL 33139	■ Remove		
			☐ Change		
MGR	Michele Santinato	235 LINCOLN RD STE 310	B Add		
		MIAMI BEACH, FL 33139	□ Remove		
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			Remove.		
			27 PR Consecutive Change		
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			□ Remove		
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Dated MAY 25TH	2016		•			
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