

L14000150043
Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOREIRA NAPOLI LLC**

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Corporate Filing Menu

Help

OCT 01 2014
J. BRUCE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MOREIRA NAPOLI 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 SEPTEMBER 24, 2014 and assigned Florida document number L14000150043

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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COURT
JACKSONVILLE
FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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	KREPSKY, ANGELA	1000 BRICKELL AVENUE	<input type="checkbox"/> Add
		#400	<input checked="" type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	
MGR	SILVEIRA, CRISTINA	1000 BRICKELL AVENUE	<input type="checkbox"/> Add
		#400	<input checked="" type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	
MGR	<small>Swapsith Chitcolol Mareira Krepsky, Angela</small>	1000 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		#400	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	
MGR	<small>Napoli Madureira Da Silveira, Cristiana</small>	1000 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		#400	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 MIAMI, FLORIDA

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: SEPTEMBER 30, 2014 (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 SEPTEMBER 30 2014

Signature of a member or authorized representative of a member

Angela Sampalo Chicolet Moreira Krepsky

Typed or printed name of signee

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