

09-23-15 1:54AM

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L14000151190

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 : BLACKLEDGER ENTITY MANAGEMENT LLC
Account Number : I20150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

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

Email Address: CAYON@FLORIDACPA.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALFORZI PROPERTY LLC.**

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TALLAHASSEE, FLORIDA

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2015 SEP 23 A 8:25

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Electronic Filing Menu

Corporate Filing Menu

Help SEP 24 2015

09-23-15:11:45AM;
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALFORZI PROPERTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/26/2014 and assigned
Florida document number L14000151190

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

WORLDWIDE CORPORATE ADMINISTRATORS LLC

New Registered Office Address:

2330 PONCE DE LEON BLVD

Enter Florida street address

CORAL GABLES

City

Florida

33134

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

(H150002288823)

09-23-15;11:45AM;

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	ALBERTO A FORGIONE	90 SW 3RD STREET # 2806	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GIORE FORGIONE	90 SW 3RD STREET # 2806	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MAURO FORGIONE	90 SW 3RD STREET # 2806	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	VERA G CLAUDIO DE FORGI	90 SW 3RD STREET # 2806	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 SEP 15
 SECRETARY OF STATE
 TREASURY, FLORIDA
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 ADD
 REMOVE
 CHANGE

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	ALBERTO A FORGIONE	90 SW 3RD STREET # 2806	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IORE FORGIONE	90 SW 3RD STREET # 2806	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAURO FORGIONE	90 SW 3RD STREET # 2806	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VERA G CLAUDIO DE FORGI	90 SW 3RD STREET # 2806	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF STATE
TREASURY FLORIDA

(H150002288823)

