

L14000151692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

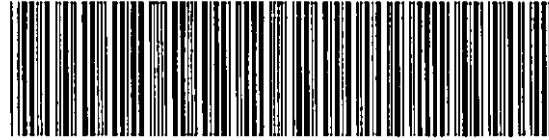
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

OCT 11 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAIA CADDINAS 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:

DAVID ONGINI
Name of Person
BAIA CADDINAS LLC
Firm/Company
925 88TH STREET
Address
SURFSIDE, FL 33154
City/State and Zip Code
DAVY2901@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID ONGINI 305 866-2439
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BAIA CADDINAS 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 09/29/2014 and assigned
Florida document number L14000151692.

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 "LLC."

Enter new principal offices address, if applicable:

925 88TH STREET

(Principal office address MUST BE A STREET ADDRESS)

SURFSIDE, FL 33154

Enter new mailing address, if applicable:

925 88TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

SURFSIDE, FL 33154

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:

DAVID ONGINI

New Registered Office Address:

925 88TH STREET

Enter Florida street address

SURFSIDE

City

Florida 33154

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. ~~Original of 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.~~

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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DISTRICT COURT
MIAMI
FLORIDA

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	SALVIATI, PAOLA	4770 BISCAYNE BLVD # 970	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAGNANI, MASSIMO	4770 BISCAYNE BLVD # 970	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID ONGINI	925 88TH STREET	<input checked="" type="checkbox"/> Add
		SURFSIDE, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCIA ONGINI	925 88TH STREET	<input checked="" type="checkbox"/> Add
		SURFSIDE, FL 33154	<input 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

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 MIAMI-DADE COUNTY
 CLERK OF COURT
 1000 BAY STREET
 MIAMI, FLORIDA 33133

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/09, 2017

MASSIMO MAGNANI MGR

Typed or printed name of signee

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STATE
TALLAHASSEE, FLORIDA