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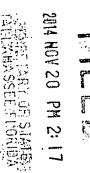
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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OFFICE STATE

COVER LETTER

TO: Registration Se Division of Con					
	SILVANO INVESTMEN	TS LLC			
SUBJECT:	Name of Limi	ited Liability Company			
	Amendment and fee(s) are sub-	_			
	MARIA V. SATTA M	ORELLO			
	<u></u>	Name of Person			
	MONTESILVANO IN	IVESTMENTS LLC			
		Firm/Company	<u></u>		
	1919 PISCES TERR	RACE			
Address					
	WESTON, FL 33327	,			
		City/State and Zip Code			
	mveronicasatta@hot	mail.com to be used for future annual report notifi	cation)	2014	geria.
For further information of	concerning this matter, please ca	·	carrony	NOV 2	11
MARIA V. SATTA	MORELLO	561 909-8641		20 PH	
Name c	of Person		Telephone Number	H 2: I	Change and
Enclosed is a check for t	he following amount:			7	
\$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co tadditional cop	of Status & opy	

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

MONTESILVANO INVES			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company)	
The Articles of Organization for this Limited Florida document number <u>L14000153126</u>	Liability Compar	ny were filed on <u>10/01/2014</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li:	ability company here:	
N/A			
The new name must be distinguishable and end with th	e words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
•			20 21 E
Enter new mailing address, if applicable:		N/A	NOV 2
(Mailing address MAY BE A POST OFFICE	E BOX)		SE 2
			7
B. If amending the registered agent and registered agent and/or the new registered			enter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Florio	
		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>	Address	Type of Action
AMBR	ANGELO DEL BOCCIO TRONCA	1919 PISCES TERRACE	= Add
		WESTON, FL, 33327	Remove
			Add
			□ Remove
			□ Remove
			201 RemNOV 20 1
			PH D Remove
			Remove
			Add
			Remove

). If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	N/A
	, .
	ective date, if other than the date of filing:
Date	NOVEMBER 13 2014
Daix	Main Satta Signature of a member or authorized representative of a member
	MARIA V. SATTA MORELLO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

