

L14000155614

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 26 AM 9:50

FILED

K. SALLY
EXAMINER
JUN -1 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANTICA GELATERIA ITALIANA 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:

ANNA-MARIA CAPIZZI

Name of Person

SEFF & CAPIZZI LAW GROUP, LLC

Firm/Company

2500 HOLLYWOOD BLVD., SUITE 201

Address

HOLLYWOOD, FLORIDA 33020

City/State and Zip Code

ADMIN@SEFFCAPIZZI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA-MARIA CAPIZZI

954 920-9220

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

ANTICA GELATERIA ITALIANA LLC

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

FILED
2015 MAY 26 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 6, 2014 and assigned Florida document number L14000155614.

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)

2500 HOLLYWOOD BLVD., SUITE 201

HOLLYWOOD, FLORIDA 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2500 HOLLYWOOD BLVD., SUITE 201

HOLLYWOOD, FLORIDA 33020

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:

ANNA-MARIA CAPIZZI

New Registered Office Address:

2500 HOLLYWOOD BLVD., SUITE 201

Enter Florida street address

HOLLYWOOD

City

, Florida 33020

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 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	GIOVANNI SIGURTA	2500 HOLLYWOOD BLVD.,	<input checked="" type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		HOLLYWOOD, FLORIDA 33020	<input type="checkbox"/> Change
MGRM	PIERLUIGI DE VITO	2500 HOLLYWOOD BLVD.,	<input type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		HOLLYWOOD, FLORIDA 33020	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2005 MAY 26 9:51
 TALLAHASSEE, FLORIDA
 STATE
 DEPARTMENT OF
 REVENUE

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMENDING ARTICLES TO ADD NEW MANAGING MEMBER AND CHANGE CURRENT

MANAGER TO MANAGING MEMBER AS LISTED ABOVE.

FILED
2015 MAY 25 AM 9:51
STATE OF MISSISSIPPI
CLERK OF SUPREME COURT

E. Effective date, if other than the date of filing: _____ (optional)

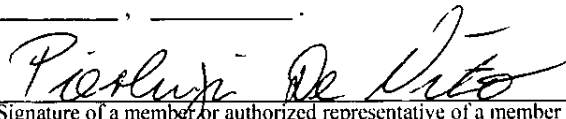
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MAY 20, 2015



Signature of a member or authorized representative of a member

PIERLUIGI DE VITO, MGR

Typed or printed name of signee