14000158431

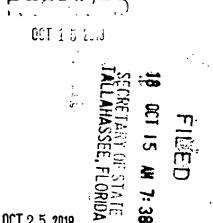
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S. YOUNG

COVER LETTER

		stration Sc ion of Cor	ection rporations	F	٠				
		Genoas Ita	alian Concession Of Florida	LLC					
SUBJEC [*]	Т: _		Name of Lim	ited Liability Com	pany	· · · · · · · · · · · · · · · · · · ·			
The enclo	sed 2	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please reti	urn a	II correspo	ondence concerning this matter	to the following:					
			Mike DeBiase						
				Name of Pe	rson				
			Mondo, Inc						
				Firm/Comp	any		·····		
			5536 W. Montrose Ave						
				Address	 .		 		
			Chicago, IL 60641						
			mikemondo@ameritech.r	City/State and Z	ip Code				
			E-mail address: (to be used for futur	е аппиа	report notification	1)		
For furthe	er int	ormation c	concerning this matter, please ca	all:					
Mike DeBiase		773 at (33-6060					
		Name o	of Person	Area C	ode	Daytime Telep	hone Number		
Enclosed i	is a c	theck for the	he following amount:						
\$25.00	o Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fili Certified ((additional c	Сору		S60.00 Filin Certificate Certified C (additional co	of States & Copy is decision of States & Copy in the States & Copy in	FILE
Reş Div P.C		Registi Divisio P.O. B	ING ADDRESS: Variation Section on of Corporations ox 6327 assee, FL 32314	F E C 2	Registra Division Clifton I 661 Ex	T/COURIER Al tion Section of Corporations Building ecutive Center C see, FL 32301		S AN 7:38	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Genoas Italian Concession Of (Name of the Lim		inv as it now appears on our record Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited I Florida document number L14000158431			and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	I" of the abbenintion L.L.C."	
Enter new principal offices address, if appli	cable:	804 CALABRIA AVE	LCR O	
Principal office address MUST BE A STRE		DAVENPORT, FL 33897	ETANI SSE	
Enter new mailing address, if applicable:		804 CALABRIA AVE	FLOR THE	
Mailing address MAY BE A POST OFFICE	(BOX)	DAVENPORT, FL 33897	08	
3. If amending the registered agent and registered agent and/or the new registered of	•		s, enter the name of the r	
Name of New Registered Agent:	ANTHONY PI	zzo		
New Registered Office Address:	804 CALABR	804 CALABRIA AVE		
		Enter Florida street addre:	SS	
	DAVENPORT	, FI	lorida ³³⁸⁹⁷	
		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 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

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ORLANDO, FL 32820 Remove Change Add DAVENPORT, FL 33897 Remove Change Add Change Remove Change Change Change Change Change
THONY PIZZO 804 CALABRIA AVE Add DAVENPORT, FL 33897 Change SECRET AND CHANGE Add Change Add Change Change Change Change Change
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	OA C	38
e, if other than the date of filing: te is listed, the date must be specific and cannot be prior to date of fil	(optional) ng or more than 90 days after filing.) Pursuant to (605.0207
ate inserted in this block does not meet the applicable statute	ry filing requirements, this date will not be l	isted as
fective date on the Department of State's records.		
pecifies a delayed effective date, but not an effe day after the record is filed.	tive time, at 12:01 a.m. on the ea	rlier of
(n) Q (C)		
10-9-18		

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Typed or printed name of signee

Filing Fee: \$25.00