

U4000169107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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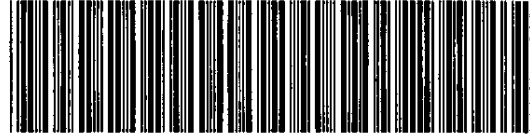
(Business Entity Name)

(Document Number)

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2016 JUN 13 PM 12:49

16 JUN 13 PM 4:23

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TALLAHASSEE, FLORIDA

JUN 15 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: No Name Investments, L.L.C.

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:

Aaron Swimmer, Esq.

Name of Person

Swimmer Law Associates P.A.

Firm/Company

1680 Michigan Avenue - Suite 1014

Address

Miami Beach, FL 33139

City/State and Zip Code

gabrieleguerrini1@gmail.com

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

For further information concerning this matter, please call:

Gabriele Guerrini

941 7260542
at ()

Name of Person

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 13 PM 4:23

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

No Name Investments, L.L.C.

(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 October 30, 2014 and assigned
Florida document number L14000169107.

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)

1035 NE 122 St.
North Miami, FL
33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1035 NE 122 St.
North Miami, FL
33161

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:

Swimmer Law Associates P.A.

New Registered Office Address:

1680 Michigan Avenue - Ste 1014

Enter Florida street address

Miami Beach

City

Florida

33139

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>
MGR	Fabbio Pirozzi Marinilli	40 SW 13 ST	<input type="checkbox"/> Add
		#301	<input checked="" type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
MGR	Gabriele Guerrini	1035 NE 122 St.	<input type="checkbox"/> Add
		North Miami, FL 33161	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change (Address)
			<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 JUN 13 PM

100-
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUN 13 PM 4:23

(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.

Dated June 6, 2016. Conf.

Aaron Swimmer
Typed or printed name of signee