

L15000018120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

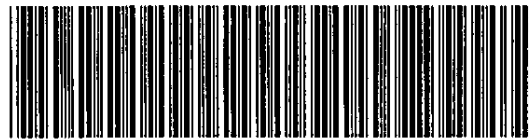
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

R.A. sign

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

OCT 24 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2016

JAN SAVINKO
13819 WALSHINGAM ROAD, SUITE F
LARGO, FL 33774

SUBJECT: MILANO DA SOLE, LLC
Ref. Number: L15000018120

We have received your document for MILANO DA SOLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 916A00021950

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILANO DA SOLE, 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:

JAN SAVINKO

Name of Person

MILANO DA SOLE, LLC

Firm/Company

13819 WALSINGHAM RD, STE F

Address

LARGO, FL 33774

City/State and Zip Code

INFO@MILANODASOLE.COM

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

For further information concerning this matter, please call:

JAN SAVINKO

516 410-9397
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**

MILANO DA SOLE, 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 01/30/2015 and assigned Florida document number L15000018120.

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:

13819 WALISNHAM RD, STE F

(Principal office address MUST BE A STREET ADDRESS)

LARGO FL 33774

Enter new mailing address, if applicable:

13819 WALSINGHAM RD, STE F

(Mailing address MAY BE A POST OFFICE BOX)

LARGO FL 33774

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:

JAN SAVINKO

New Registered Office Address:

13819 WALSINGHAM RD, STE F

Enter Florida street address

LARGO

City

Florida

33774

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

Title	Name	Address	Type of Action
MGR	IRINA PILIPCIUC	13300 WALSHINGHAM RD, 42	<input type="checkbox"/> Add
		LARGO FL 3374	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAN SAVINKO	13300 WALSHINGHAM RD, 42	<input checked="" type="checkbox"/> Add
		LARGO FL 3374	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IRINA PILIPCIUC	13300 WALSHINGHAM RD, 42	<input type="checkbox"/> Add
		LARGO FL 3377	<input checked="" type="checkbox"/> Remove
			<input 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"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE REMOVE IRINA PILIPCIUC AS AUTHORIZED MEMBER AND MANAGER.

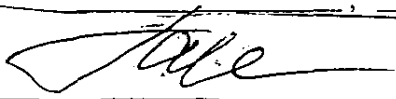
E. Effective date, if other than the date of filing: _____ (optional)

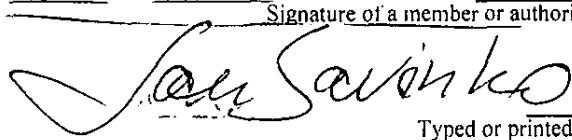
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 10/06/2016



Signature of a member or authorized representative of a member


Typed or printed name of signee

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