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SEGRETARY OF STATE
TALLAHASSEE, FINGER

## **COVER LETTER**

	tion Section of Corporations	,	•	
	LE GIUSEPPES IL	DIKO LLC		
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclosed Artic	cles of Amendment a	and fee(s) are sub	mitted for filing.	
Please return all co	orrespondence conce	rning this matter	to the following:	
	MARIA I	DIPIAZZA		
	<del></del>		Name of Person	
	UNCLE	GIUSEPPES ILD	KOLLC	
			Firm/Company	
	751 NW	FEDERAL HIGH	YAW	
•			Address	
	STUART	, FL 34994		
	<del></del>		City/State and Zip Code	······································
	ERIC@EH	IBPA.COM		
			to be used for future annual report noti	fication)
For further informa	ation concerning this	matter, please c	all:	
MARIA DIPIAZZ	ZA		718 787-7297 at ()	
1	Name of Person			e Telephone Number
Enclosed is a check	k for the following a	mount:		
\$25.00 Filing 1		Filing Fee & cate 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)
_		00	<b></b>	ND ADDRESS

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

UNCLE GIUSEPPES ILDIKO LLC		•
( <u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on 02/12/2015	and assigned
lorida document number L15000026562		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADD</u>	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		nter the name of the
egistered agent and/or the new registered office ad	<u>ldress here</u> :	£69 <b>7</b>
Name of New Registered Agent:		S G G
New Registered Office Address:		
	Enter Florida street address	ES N
	, Florid	la ZZ en
	City	Zip Gode

## 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>	Type of Action
AMBR·	ILDIKO MIZAK	751 NW FEDERAL HIGHWAY	
		STUART, FL 34994	■ Remove
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