

Division of Corporations

Page 1 of 1

**LS 0000 43460**

**Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.  
Account Number : I20020000037  
Phone : (954) 389-1333  
Fax Number : (954) 389-1397

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IACURTI ENTERPRISES, LLC**

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PAGE 01/04

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Page 1 of 1

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

**IACURTI ENTERPRISES, 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 3/10/15 and assigned Florida document number L15000043480.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	MARIA I. MIRANDA	1304 SW 160 AVE.	<input type="checkbox"/> Add
		SUITE 617	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33326	
AMBR	Luvic Marciano Martinez	1304 SW 160 AVE.,	<input checked="" type="checkbox"/> Add
		SUITE 617	<input type="checkbox"/> Remove
		SUNRISE, FL 33326	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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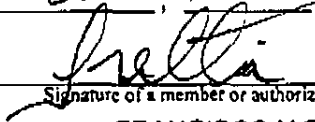
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated ☒ 4-20-15

☒ 

Signature of a member or authorized representative of a member

FRANCISCO IACURTI

*Typed or printed name of signer*

Page 3 of 3  
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