

L15000049049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

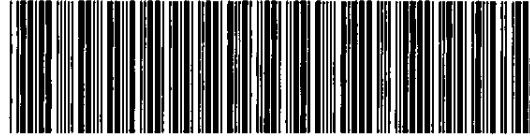
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

CUORI MORI 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:

Edwardo Ueltschi

Name of Person

Firm/Company

PO Box 1345

Address

Sarasota, FL 34230

City/State and Zip Code

ra@ueltschi.co

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

For further information concerning this matter, please call:

Edwardo Ueltschi

Name of Person

at (941)

Area Code

2281245

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

TO
ARTICLES OF ORGANIZATION
OF

CUORI MORI 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 03/18/2015 assigned
Florida document number L15000049049

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)

336 8th Ave. West

Palmetto, FL 34221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

336 8th Ave. West

Palmetto, FL 34221

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:

COSTANTINO FOIS

New Registered Office Address:

336 8th Ave. West

Enter Florida street address

Palmetto

City

Florida

34221

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

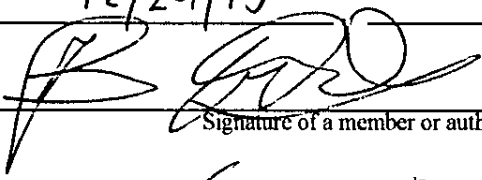
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>ELISABETTA D'ANGELO</u>	<u>2020 N. TUTTLE AVE.</u>	<input type="checkbox"/> Add
		<u>SARASOTA, FL 34234</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>PIER B. ARGOLAS</u>	<u>2020 N. TUTTLE AVE.</u>	<input type="checkbox"/> Add
		<u>SARASOTA, FL 34234</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>COSTANTINO FOIS</u>	<u>336 8th AVE. WEST</u>	<input type="checkbox"/> Add
		<u>PALMETTO, FL 34221</u>	<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

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Lined area for document content.

E. Effective date, if other than the date of filing: 12/29/2015 (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 12/29/15


Signature of a member or authorized representative of a member
COSTANTINO FOIS

Typed or printed name of signee

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