LISO000100M			
(Requestor's Name) (Address) (Address)	400273046394		
(City/State/Zip/Phone #)	05/26/1501034022 **25.00		
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* , ARTICLES OF AMEN	DMENT / FILED
ARTICLES OF ORGAN	
OF	SECRETARY OF STATE
	TALLAHASSEE, FLORIDA
PIGNATA GROUP LLC	r appears on our records )
( <u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Con	mpany)
The Articles of Organization for this Limited Liability Company were filed	d on <u>04/21/2015</u> and assigned
Florida document number L15000070017	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here
A. If allending name, <u>enter the new name of the named nability conf</u>	any nere.
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
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 add	ress 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:	nter Florida street address
	, Florida
City	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGRM	Egidio P Della Puppa	25 East 73rd ST	Add
		New York, NY 10021	Remove
			Change
MBR	Giada Baselice	2 River Terrace Apt. #6L	Add
		New York, NY 10282	Remove
			Change
<u> </u>			🗖 Add
			Remove
			Change
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<del></del>			Add
			Remove
			Change
<u> </u>			Add
			Remove
			Change

D.	If amending any other information, ente	r change(s) here:	(Attach additional shee	ts, if necessary.)
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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 _	May 19		
	x cano-	Sugnature of a member or authorized representative of a member	
	Cristoforo Pignata		
		Typed or printed name of signee	

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Filing Fee: \$25.00