## L15000 100108

(Re	equestor's Name)	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
MIMESSI .	AUTO DESIGN LLC		
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUCIANO MIMESSI		
		Name of Person	
•		Firm/Company	
	101 GLADES ROAD		
		Address	
	BOCA RATON, FL 3343		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	all:	
LUCIANO MIMESSI		561 372-9921 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIMESSI AUTO DESIGN LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I Florida document number L15000100108	Liability Company were filed on $\frac{J}{L}$	UNE 08, 2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company l	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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		ASSET -7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the ne
Name of New Registered Agent:	LUCIANO MIMESSI	
New Registered Office Address:	101 GLADES ROAD	
	Enter Fl	orida street address
	BOCA RATON	, Florida <sup>33432</sup>
	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 ttability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	LUCIANO MIMESSI	101 GLADES ROAD	<b>⊠</b> Add
		BOCA RATON, FL 33432	Remove
			□ Change
MGR	KATIA MIRANDA	101 GLADES ROAD	□ Add
		BOCA RATON, FL 33432	<b>™</b> Remove
•			Change
	-	- 100-16-1	
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ote: If the date inserted in this block does not meet the application		
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not	t an effective time at 12:01 a m, on the earlie	ar c
The 90th day after the record is filed.	t an enective time, at 12.01 a.m. on the came	
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ated,	<u>_</u> .	
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Signature of a member or autho	rized representative of a member	

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Filing Fee: \$25.00