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2019 JUL 30 PM 2:25

Amend

AUG 05 2019

ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AP FIORETTI 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:

NATALIA A HERNANDEZ

\_\_\_\_\_  
Name of Person

DORAL BUSINESS CONSULTANTS INC

\_\_\_\_\_  
Firm/Company

10570 NW 27TH ST SUITE 101

\_\_\_\_\_  
Address

DORAL, FL 33172

\_\_\_\_\_  
City/State and Zip Code

natalia@doral-business.com

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

For further information concerning this matter, please call:

Natalia Hernandez

786 619-3801  
\_\_\_\_\_  
at ( ) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

AP FIORETTI 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 07/17/2015 and assigned  
Florida document number L15000120338.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

10570 NW 27TH ST SUITE 101

**(Principal office address MUST BE A STREET ADDRESS)**

DORAL, FL 33172

**Enter new mailing address, if applicable:**

10570 NW 27TH ST SUITE 101

**(Mailing address MAY BE A POST OFFICE BOX)**

DORAL, FL 33172

**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:

DORAL BUSINESS CONSULTANTS INC

New Registered Office Address:

10570 NW 27TH ST SUITE 101

*Enter Florida street address*

DORAL

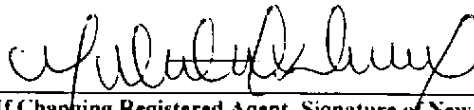
*City*

Florida 33172

*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, 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>	<u>Type of Action</u>
MGRM	GIOVANNA J IANDOLI	10570 NW 27TH ST SUITE 101	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BLANCO FIORETTI GROUP INC	10570 NW 27TH ST SUITE 101	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PLEASE REMOVED GIOVANNA J IANDOLI FROM THE COMPANY.

07/24/2019

(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.

(b) The 90th day after the record is filed.

Dated JULY 24 2019

Giohanna Tumboli

Signature of a member or authorized representative of a member

GIOVANNA J IANDOLI

Typed or printed name of signee