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TALLAHASSEE, FLORIDA

NOV 13 2015

S, YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1069 401 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:

Dana Cardea

Name of Person

Law Firm of Zimmerman & Associates

Firm/Company

2400 E. Commercial Blvd, Suite 820

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

Dana@zimmermanlaw.com

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

For further information concerning this matter, please call:

Dana Cardea 954 202-7440

Name of Person at () 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

1069 401 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 10/19/2015 and assigned
Florida document number L15000177664.

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)

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

_____, 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, 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>
MGR	CGC MANAGEMENT TRUST	1199 S. Federal Hwy, Ste. 363	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Elisa Magnoni Savardi	1199 S. Federal Hwy, Ste. 363	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

SECRET
FILM RESEARCH
LABORATORY

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MAR 1 1961
FBI - TAMPA

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 November 3, 2015 /

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

CONSENT TO ACTION WITHOUT MEETING

1069 401 LLC

a Florida limited liability company

(THE "COMPANY")

Pursuant to the unanimous vote of the Members of the Company and Section 608.422(5) of the Florida Statutes, the undersigned, as the Manager of the Company acknowledges and consents in writing that the following Resolutions be adopted and direct that this Consent be inserted into the record book of the Company:

RESOLVED, the CGC Management Trust, is hereby removed as Manager of the Company, as of the date of this Consent;

RESOLVED, Maria Elisa Magnoni Savardi, whose post office address is 1199 S. Federal Hwy, Ste. 363, Boca Raton, FL 33432, is hereby appointed as the Manager of the Company, effective as of the date of this Consent;

BE IT FURTHER RESOLVED, that Maria Elisa Magnoni Savardi, as the Manager of the Company is authorized and directed to execute such signature cards and other documents in connection with any and all bank accounts as may be necessary or advisable and to certify removal of, the CGC Management Trust from association with any and all bank accounts.

The above Consent to Action Without Meeting of 1069 401 LLC is adopted for the Company by the signature of the Manager below.

Signed on this 5 day of November 2015



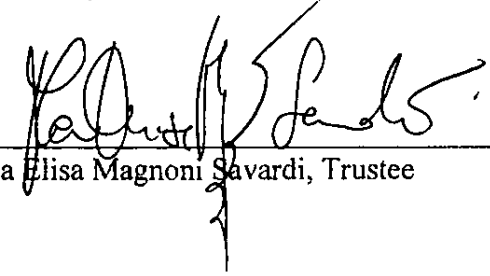
Maria Elisa Magnoni Savardi

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TALLAHASSEE, FLORIDA

RESIGNATION BY CGC Management Trust, MANAGER

Effective as of the date of this Consent, the CGC Management Trust, hereby resigns as the Manager of 1069 401 LLC, a Florida limited liability company and affirms that the company has been notified of such resignation in writing.

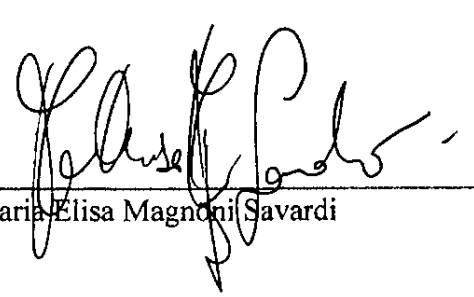
CGC Management Trust
1199 S. Federal Hwy, Ste. 363
Boca Raton, FL 33432

By: 
Maria Elisa Magnoni Savardi, Trustee

ACCEPTANCE OF RESIGNATION

I, Maria Elisa Magnoni Savardi, as Manager of 1069 401 LLC ("Company"), hereby acknowledge and accept the foregoing resignation of the CGC Management Trust, as Manager of the Company.

MANAGER:



Maria Elisa Magnoni Savardi

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SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA