

L15000178245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

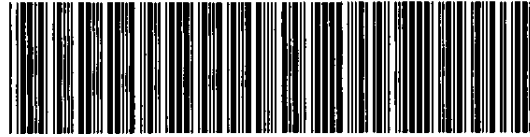
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 16 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1440 306 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

at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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

FILED  
2015 NOV 12 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1440 306 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 L15000178245.

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/19/2013 BY 60322  
UCBAW

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TREASURER, FLORIDA  
PALATKA

**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.

Dated November 5 2018,

Signature of a member or authorized representative of a member

Typed or printed name of signee

**CONSENT TO ACTION WITHOUT MEETING**

**1440 306 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:

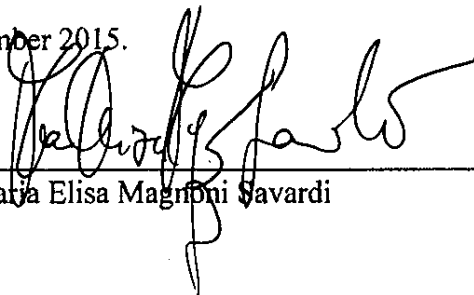
**RESOLVED**, the CGC Management Trust, is hereby removed as Manager of the Company,  
as of the date of this Consent;

**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 1440 306 LLC is adopted for the Company by the signature of the Manager below.

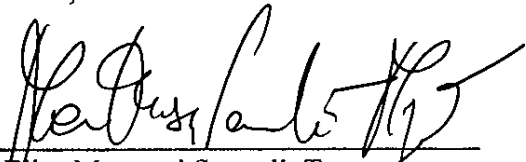
Signed on this \_\_\_\_\_ day of November 2015.

  
\_\_\_\_\_  
Maria Elisa Magnoni Savardi

**RESIGNATION BY CGC Management Trust, MANAGER**

Effective as of the date of this Consent, the CGC Management Trust, hereby resigns as the Manager of 1440 306 LLC, a Florida limited liability company and affirms that the company has been notified of such resignation in writing.

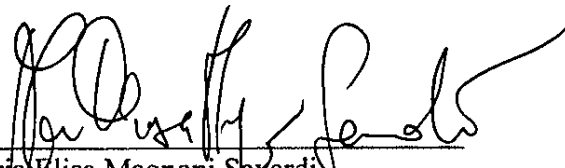
CGC Management Trust  
1199 S. Federal Hwy, Ste. 363  
Boca Raton, FL 33432

By:   
\_\_\_\_\_  
Maria Elisa Magnoni Savardi, Trustee

**ACCEPTANCE OF RESIGNATION**

I, Maria Elisa Magnoni Savardi, as Manager of 1440 306 LLC ("Company"), hereby acknowledge and accept the foregoing resignation of the CGC Management Trust, as Manager of the Company.

MANAGER:

  
\_\_\_\_\_  
Maria Elisa Magnoni Savardi