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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Cucci Petin	natti LLC		
30 B3 KC		Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Thais Contado Cucci		
			Name of Person	
			Firm/Company	<u>. </u>
		8415 Lovett Ave		
			Address	
		Orlando / Florida / 32832	2	
		thaiscontado@hotmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
Thais C	ontado Cucci		321 9001922 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$ 25.0	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

Cucci Petinatti LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L15000186296 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cucci LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8415 Lovett Ave Enter new principal offices address, if applicable: Orlando - Florida (Principal office address MUST BE A STREET ADDRESS) 32832 8415 Lovett Ave Enter new mailing address, if applicable: Orlando - Florida (Mailing address MAY BE A POST OFFICE BOX) 32832 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

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			Remove
			Change
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ffective date, if other than th	04/1/2018	(optional)
fan effective date is listed, the date m Note: If the date inserted in this	ist be specific and cannot be prior to date of filing or mo clock does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.03
locument's effective date on the	Department of State's records.	
	ed effective date, but not an effective ti	me, at 12:01 a.m. on the earlier
The 90th day after the re	cord is filed.	
Orlando Dated	04/18/2018	
	Than contado a	

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Typed or printed name of signee

Filing Fee: \$25.00