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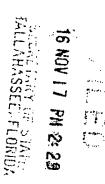
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Corp	porations		
CUBIFOT.	ITALIANS	RENT & SELL SCOOTERS	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		GIANNI TONIUTTI		
			Name of Person	
		TOSOLINI LAMURA RA	ASILE & TONIUTTI LLP	
			Firm/Company	
		407 LINCOLN ROAD, SU	JITE 11-C	
			Address	
		MIAMI BEACH, FLORIE	DA 33139	
			City/State and Zip Code	
		gianni.toniutti@tlrtlaw.com	to be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please c	-	
GIANNI TO		•	305 534 0420	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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)
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITALIANS	S RENT & SELL SCOOTER	S LLC	
(<u>Name of the Limited Li.</u> (A Fl	ability Company as it now appe orida Limited Liability Company	ears on our records.) /)	
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on _	11/09/2015	and assigned
This amendment is submitted to amend the following	g:		
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	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		An
B. If amending the registered agent and/or registered agent and/or the new registered office a		on our records, s	enter the name of the new
Name of New Registered Agent:			FLORID 22
New Registered Office Address:	Enter F	lorida street address	<u> </u>
		, Floric	
	Cit _i y		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>	Address	Type of Action
MGR	SARA BARZAGHI	2858 PINE TREE DR, APT 3	Add
		MIAMI BEACH, FL 33140	Remove
			Change
MGR	CARLOS EDUARDO ZERPA	10156 SW 163RD PL	Add
		MIAMI, FL 33196	■ Remove
			☐ Change
MGR	DANILO SIVALLI	2858 PINE TREE DR, APT 3	= Add
· -		MIAMI BEACH, FL 33140	□ Remove
			☐ Change
MGR	PIER VINCENZO LODEDO	2301 COLLINS AVE, APT 731	≅ Add
		MIAMI BEACH, FL 33139	☐ Remove
			A Charge
			ASS - D Adel
			Memove-
			□ Change
			Remove
			☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00