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2019 MAY IN P 3 50
BECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AL NAUTICA UC 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:	
TURDO LORENZO Name of Person	
AL NAUTICA Firm/Company	
2801 NE 49 TH STREET Address	
FORT LAUDERDALE 3330 8 City/State and Zip Code ALNAUTICALLE (D G-MAIL. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LOREN 20 TURDO at (954) 451 6373 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 Certified Copy (additional copy is enclosed) \$60.00 Filing Fee \$ Certified Copy (additional copy is enclosed)	Status &

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

AL NAUT	ICA LLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on 11 · i 8 · 2015 and assigned			
Florida document number <u>L 15000 195188</u>	'			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	red liability company here:			
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)			
	S2 7 1			
Enter new mailing address, if applicable:	To B			
(Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>			
	OR OR			
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the neversess here:			
	š			
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>	Address	Type of Action	
AMBR	LORENZO TURDO		🗆 Add	
			□ Remove	
		1915 E ATLANTIC BLVD POMPANO BEAR	<u>ยมโ</u> เล Change 660	
ANBR	CHRISTIAN CESARI		Add	
			Remove	
		2801 NG 49 TH ST #101 FORT LANDERPALE PE	33308 ☐ Change	
AMBR	CARLO FILIPPO MARCANTONI O	1860 VENEZE PARK DR \$120 MANI FC 33181	⊠ Add	
			□ Remove	
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Filing Fee: \$25.00