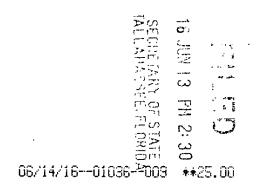
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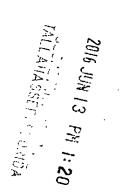
(Re	questor's Name)	
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J. HARRIS

COVER LETTER

	Division of Corp			
SUBJEC		A NOVELLO, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspor	dence concerning this matter	to the following:	
		ALEXANDRA MARCOU	JX	
			Name of Person	
		LAW OFFICE OF ALEXA	ANDRA MARCOUX, P.A.	
		 	Firm/Company	
		2550 N. FEDERAL HIGH	WAY, SUITE 3	
			Address	
		FORT LAUDERDALE, F	L 33305	
			City/State and Zip Code	
		FRANKPEREZ@BELLNE		
			to be used for future annual report notific	cation)
For further	er information co	ncerning this matter, please ca	all:	
ALEXA	NDRA MARCO	UX	954 341-5454 at ()	
	Name of	Person		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

TRATTORIA NOVELLO, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16000016048</u> .	ny were filed on 01/22/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS		
		至 是 三
	·	NRY NRY
Enter new mailing address, if applicable:		नंद च्या भी
Mailing address MAY BE A POST OFFICE BOX)		· (/) - 1 t
	· · · · · · · · · · · · · · · · · · ·	2: 30 RND
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		enter the name of the no
New Registered Office Address:	Enter Florida street address	
		. ·
	, Flori City	da 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	GIOACCHINO PEREZ	12285 ALEXIS CARREL	□ Add
		MONTREAL, QC H1E 4P8 CA	■ Remove
			□ Change
MGR	LAURA PEREZ	12310 ALEXIS CARREL	■ Add
		MONTREAL, QC HIE 3Z3 CA	□ Remove
			☐ Change
			□ Add
			Remove
	•		□ Change
			□ Remove
			Change
			S Remove
			P 2 Chánge Chánge
			□ Add
	•		□ Remove
			☐ Change

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ective date, if other than the date of filing:(o	ptional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a te: If the date inserted in this block does not meet the applicable statutory filing requirements, nument's effective date on the Department of State's records.	
. record specifies a delayed effective date, but not an effective time, at 12:0 he 90th day after the record is filed.	1 a.m. on the earlier
ed 6/9/2016 7,	16. SEC
Myardre Reveld	ARE JUNE
Signature of a member or authorized representative of a member	SS TO
ALEXANDRA MARCOUX Typed or printed name of signee	TO PA

Page 3 of 3

Filing Fee: \$25.00