## 116000016048

Office Use Only



700296254267

03/06/17--01012--009 \*\*25.00

TILEU SECRETARY OF STATE

**S Warren** MAR 0 7 2017

## **COVER LETTER**

27. B 10 CB	TRATTOR	IA NOVELLO, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
rease return	,	sidence concerning this matter	to the following.	
		ALEXANDRA MARCOU	JX	
			Name of Person	<del></del>
		LAW OFFICE OF ALEXA	ANDRA MARCOUX, P.A.	
			Firm/Company	
		2550 N. FEDERAL HIGH	WAY, SUITE 3	
			Address	<del></del>
		FORT LAUDERDALE, F	L 33305	
		FRANKPEREZ@BELLNE	City/State and Zip Code TT.CA	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	formation c	oncerning this matter, please ca	all:	
ALEXANDI	RA MARCO	DUX	954 341-5454 at ()_	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>⊜</b> \$25.00 F	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)

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

(Name of the Limited Liability Company as it now appears on our record: (A Florida Limited Liability Company)	<u>s.</u> )
` ' ' '	
The Articles of Organization for this Limited Liability Company were filed on 01/22/2016	and assigned
Florida document number L16000016048	
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 registered agent and/or the new registered office address here:	s, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addres:	
	orida
City  New Registered Agent's Signature, if changing Registered Agent:	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 United 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>	Name	Address	Type of Action
MGR	GIOACCHINO PEREZ	12285 ALEXIS CARREL	<b>=</b> Add
		MONTREAL, QC HIE 4P8 CA	
	•		Change
			□ Add
			□ Remove
			☐ Change
	<del></del>		Add
			Remove
			☐ Change
•			Add
			□ Remove
			Change
***			Add
			□ Remove
		FLAHASSEE ELORIOA	Change Add
		LORIOA	Remove  Change

Signat	ure of a member or authorized representat	ve of a member	ILED
It brade	Mucan	100 100 100	
ted February 27	2017		
record specifies a delayed effe The 90th day after the record is	ctive date, but not an effective s filed.	e time, at 12:01 a.m. o	n the earlier of
ote: If the date inserted in this block do cument's effective date on the Department.	es not meet the applicable statutory filent of State's records.	ling requirements, this date w	vill not be listed as
fective date, if other than the date on effective date is listed, the date must be spe	of filing:ecific and cannot be prior to date of filing or	(optional) more than 90 days after filing.)	Pursuant to 605.0207
			· · · · · · · · · · · · · · · · · · ·
			<u> </u>
			<u> </u>

Filing Fee: \$25.00