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COVER LETTER

cup in cr	CARIBBEAN INVESTMENT	AMERICA LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for tiling.		
Please return all corres	pondence concerning this matter	to the following:		~3
	GIACOMO BOSSA			
		Name of Person		٠ - ٢
		MORIS & ASSOCIATES		٠.,
		Firm/Company		: ?
	3650 NW 82nd AVF SUITE 401			1-7
Address				
		DORAL . FL 33166		
	A	City/State and Zip Code BERMUDEZ@ANMPA.COM		
	E-mail address:	to be used for future annual report notif	ication)	
For further information	n concerning this matter, please o	all:		
GIAC	OMO BOSSA	305 559-1600		
Name	e of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

IVESTMENT AMERICA	LLC	
Company as it now appear	s on our records.)	
mpany were filed on	01/27/2016	and assigned
ed liability company he	ere:	
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Enter Flo	ida street address	
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	company as it now appear imited Liability Company) appear imited Liability Company impany were filed on and Liability Company." the distribution of Liability Company.	red office address on our records. enter Florida street address Enter Florida street address Florida

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>	<u>Address</u>	Type of Action
MGR	VINCENZO ODOGUARDI	201 S Biscayne Blvd Ste 2800 MIAMI, FL 33131	□ Add
			■ Remove
			□ Change
MGR .	VILLA ITALIA MANAGEMENT, LLC	3650 NW 82nd Ave., Suite 401 Doral, FL 33166	∃ Add
			Remove
			Change
			Add J
			~ <u>~</u> □ Remove
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			□ Remove
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			Change

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an et iote:	tive date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.)7 (3)(is the
		of:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.	

Page 3 of 3

Filing Fee: \$25.00