

L16000022745

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(Address)

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2016 MAR 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAR 28 AM 11:50

March 8, 2016

MARIA COSTANZA BARDUCCI
2 SOUTH BISCAYNE BLVD.
SUITE 3760
MIAMI, FL 33130

SUBJECT: DE.SER. LLC
Ref. Number: L16000022745

We have received your document for DE.SER. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00004727

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: De. Ser. LLC

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:

Maria Costanza Barducci

Name of Person

Firm/Company

2 South Biscayne Blvd., suite 3760

Address

Miami, FL 33130

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Costanza Barduccu

305 5032804
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

De.Ser. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 MAR 28 PM 4:03
CLERK OF DISTRICT COURT
ALLAHABAD, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/02/2016 and assigned
Florida document number L16000022745.

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, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALABISO DEBORA ANGELA	Via Parigi 32/E	<input type="checkbox"/> Add
		Ciampino, Roma	<input type="checkbox"/> Remove
		RM, 00043, Italy	<input checked="" type="checkbox"/> Change
AMBR	ALBASIO DEBORA Name was misspelled-	via Parigi 32/E	<input type="checkbox"/> Add
		Ciampino, Roma	<input checked="" type="checkbox"/> Remove
		RM, 00043, ITALY	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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2016 MAR 28 PM 4:03
CLERK OF DISTRICT COURT
ALLAHABAD, ALABAMA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3rd March 21, 2016.

Signature of a member or authorized representative of a member

Maria Barducca
Typed or printed name of signee