

# L16000061316

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

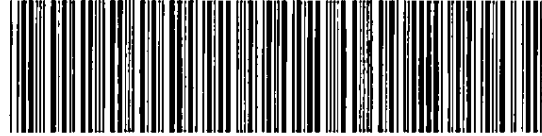
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAY 30 PM 3:13

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TALLAHASSEE, FL

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2023 MAY 30 PM 3:50

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I202100000160 : \$25.00

Authorization Signature: 

Amalfi Realty LLC L16000061316

BUSINESS DOC#

☐ Certified Copy of Articles of Organization  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Officer/Director  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**AMENDMENTS**

☒ Amendment  
☐ Resignation of R.A.  
  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ **Conversion**  
☐ **Amended and restated Articles**  
☐ **Statement of Authority**

**OTHER FILINGS**

☐ **Trademark**  
☐ Annual Report  
  
☐ Fictitious Name  
  
☐ APOSTILLE

Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
  
☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMALFI REALTY 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:

ANA MARIA MALFI

\_\_\_\_\_  
Name of Person

AMALFI REALTY LLC

\_\_\_\_\_  
Firm/Company

7208 W SAND LAKE RD, SUITE 305

\_\_\_\_\_  
Address

ORLANDO FL, 32819

\_\_\_\_\_  
City/State and Zip Code

MALFIANA@HOTMAIL.COM

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

For further information concerning this matter, please call:

ANA MARIA MALFI

305 922-5605

at ( )

\_\_\_\_\_  
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

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

AMALFI REALTY LLC

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

2021 MAY 30 PM 3:13

The Articles of Organization for this Limited Liability Company were filed on 3/28/2016 and assigned  
Florida document number L16000061316

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:

8815 BAY HARBOUR BLVD

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO FL, 32836

Enter new mailing address, if applicable:

8815 BAY HARBOUR BLVD

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO FL, 32836

**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:

8815 BAY HARBOUR BLVD

*Enter Florida street address*

ORLANDO

*City*

Florida 32836

*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**



2011 JUN 30 PM 3:14  
CLERK OF STATE  
TALLAHASSEE, FL

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CLERK OF STATE  
TALLAHASSEE, FL  
2011

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2023

2023

Signature of a member or authorized representative of a member

ANA MARIA MALFI

Typed or printed name of signee

**Filing Fee: \$25.00**