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SEGRETARY OF STATE TALLAHASSEE FLORUSA

COVER LETTER

	Registration Se Division of Cor			- 1 - 6	
SUBJEC	·. Prinetto LL	.c			
SUBJEC	·Ii	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
		Gerardo Bonell		•	
			Name of Person		
		Prinetto LLC			
			Firm/Company		<u> </u>
1391 SW 82nd AVE, Apt 1726					16 SEP
٠			Address		HASS
		Plantation, FL 33324			P 15 PH 2: 47
			City/State and Zip Code		4 2: 47
		gerardobonell@gmail.com	n to be used for future annual report notific	egtion)	5
For furth	er information c	oncerning this matter, please c	•	ation	
Gerardo		matter, preuse e	954 3487490		
	Name o	f Person	at () Area Code Daytime	Telephone Number	-
Enclosed	is a check for th	ne following amount:			
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
		ING ADDRESS:	STREET/COURIE		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prinetto LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
	lung 10, 2016	
The Articles of Organization for this Limited Liability Compan	ny were filed on Julie 10, 2016 an	nd assigned
Florida document number L16000113034		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
		300
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation	on*L.L.C."c:
Enter new principal offices address, if applicable:		写 元
(Principal office address MUST BE A STREET ADDRESS)		5 825
		7
		2 9国
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		 -
B. If amending the registered agent and/or registered		ame of the ne
registered agent and/or the new registered office address he	ere:	
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 Agen	<u>ıt:</u>	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager, AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Marianna Schiavino	1391 SW 82nd Ave, Apt 1726	□ Add
		Plantation, FL 33324	■ Remove
			☐ Change
			□ Add
			Remove
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tive date, if other than the da fective date is listed, the date must b	e specific and cannot be) Pursuant to 605.0
If the date inserted in this block nent's effective date on the Department.			itory filing requir	ements, this date	will not be listed
cord specifies a delayed e e 90th day after the recor		t not an eff	ective time, a	it 12:01 a.m.	on the earlier
September 5th	2016				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00