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COVER LETTER

TO: Registration Section
Division of Corporations.

SUBJECT: SIGAL MOTOSPORTS L.L.C.

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:

GIUSEPPE LAGANA

Name of Person

SIGAL MOTOSPORTS L.L.C.

Firm/Company

7140 NW MIAMI COURT

Address

MIAMI, FL 33150

City/State and Zip Code

glagana@espressomade.com

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

For further information concerning this matter, please call:

GIUSEPPE LAGANA

305 582.9581
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

SIGAL MOTOSPORTS L.L.C.

The Articles of Organization for this Limited Liability Company were filed on 07/25/2016 and assigned Florida document number L16000138820.

Page 1 of 3

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	DAVID GIOACCHINI	PIAZZA GALENO N.3	<input checked="" type="checkbox"/> Add
		00019-TIVOLI (ROME)	<input type="checkbox"/> Remove
		ITALY	<input type="checkbox"/> Change
AMBR	ALESSANDRO RODA	533 MERIDIAN AVENUE	<input type="checkbox"/> Add
		APT. 4 - 33139 - MIAMI - FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHONE TREPPICIONI	1150 EULLIA AVENUE	<input type="checkbox"/> Add
		APT. 309 - 33139 - MIAMI - FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 SEP 30 PM 11:03
FBI - MIAMI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated

09/28

2016

Signature of a member or authorized representative of a member

GIUSEPPE LAGANA, MANAGER

Typed or printed name of signee