

L16 000153775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

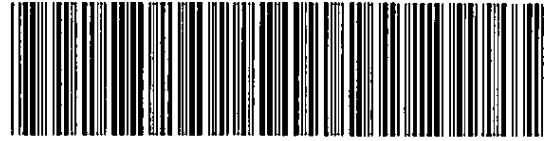
(Business Entity Name)

(Document Number)

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08/19/19--01010--022 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 19 PM 2:30

Amend

AUG 28 2019

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALDO COPPOLA BY MIAMI 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:

REGINA BOBOVNIKOVA
Name of Person
ALDO COPPOLA BY MIAMI LLC
Firm/Company
17749 COLLINS AVE, APT 1802
Address
SUNNY ISLES BEACH, FL 33160
City/State and Zip Code
INTEKOLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REGINA BOBOVNIKOVA 917 421-2129
Name 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)
- \$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

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DIVISION OF CORPORATIONS
19 AUG 19 PM 2:30

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

ALDO COPPOLA BY MIAMI LLC

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

19 AUG 19 PM 3:30
SECRETARY OF STATE
OFFICE OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 08/13/2019 and assigned
Florida document number 116000153775.

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 "L.L.C." 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)

17749 COLLINS AVE, APT 1802,

SUNNY ISLES BEACH, FL, 33160

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>
P	REGINA BOBOVNIKOVA	17749 COLLINA AVE . APT 1802	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL . 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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