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COVER LETTER

	ration Section on of Corporations
CUBICT	MIAMI TWINS ILL.
SUBJECT:	Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return ali	correspondence concerning this matter to the following:
	LORENZO SILVESTRI
	MIAMI TWINS LLC.
	2 SOUTH BISCAYNE BLUD. STE 2490 Address
	MIAMI, FL 33139.
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
LORENT	Name of Person at (305) 364 54 73 Area Code Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
⊠ \$25.00 Filin	-

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**

MIAMI TWINS	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16000159872</u> .	were filed onO8/75/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
	DE G
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the nev</u> e:
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 ameading 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>	Address	Type of Action
M <u>GRM</u>	FARINIUNDICI S.P.A.	VIA FARINI 17, BOLOGNA	⊠ Add
		19ALY 40124	Remove
			Change
			Add
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		 	□ Remove
		**************************************	Change
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		An extension of the state of th	Remove
		SECRETAF AS	Remove
		9)20 (***	Ad
		FLORIDA	Remove
			Change

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ectiv	e date, if other than the date of filing: 10/07/16 (optional)
effec	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Both day after the record is filed.
ed _	OCTOBER 27th , 2016
	DCIUBER 24 , ZOIG ZECREE OCI TI
	Signature of a member or authorized representative of a member
	LORENZO SILVESTRI, HGR TO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00