

# L16000 163 773

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

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2019 DEC -9 PM 6:23

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C. GOLDEN

JAN 13 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ITALIAN FOOD EXCELLENCE 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:

GIAMPAOLO DEL NERO  
Name of Person

ITALIAN FOOD EXCELLENCE LLC  
Firm Company

1329 ALTON RD  
Address

UNAMI BEACH FL 33139  
City/State and Zip Code

ITFOODEXCELLENCE@GMAIL.COM  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
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 Address:**

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

2016 DEC -9 PM 6:29

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ITALIAN FOOD EXCELLENCE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/31/2016 and assigned  
Florida document number L16000163773

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:

(Principal office address MUST BE A STREET ADDRESS)

531 JEFFERSON AVE  
MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 398327  
MIAMI BEACH, FL 33239

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:

SIAMPAOLO DEL NERO

New Registered Office Address:

531 JEFFERSON AVE MIAMI BEACH, FL 33139  
Enter Florida street address  
MIAMI BEACH Florida 33139  
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.

Siampaolo Del Nero  
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>
MGR	GIAMPAOLO DEL NERO	PO BOX 398327	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33239	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MATTEO SOLDATINI	PO BOX 398327	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL	<input type="checkbox"/> Remove
		33239	<input type="checkbox"/> Change
AMBR	ANNA CLAUDIA	1329 ALTON RD	<input type="checkbox"/> Add
	PORTOGHESE	MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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.

(b) The 90th day after the record is filed.

Dated

11/26/2019

Signature of a member or authorized representative of a member

SIAMPAOL DEL NERO  
Typed or printed name of signee