

L17000016698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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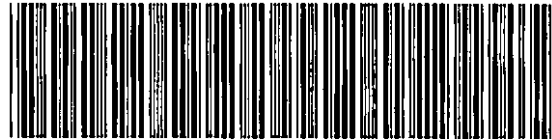
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JUL 19 2017

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CALITRI FACTORY 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:

OSVALDO MARTINEZ

Name of Person

O&J PROFESSIONAL SERVICES INC

Firm/Company

13550 SW 88 ST STE 150

Address

MIAMI FL 33186

City/State and Zip Code

OSVALDOEMARTINEZ@AOL.COM

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

For further information concerning this matter, please call:

OSVALDO MARTINEZ

305

446-4006

at ()

Name of Person

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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STATE
SECRET
TALLAHASSEE, FLORIDA

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

CALITRI FACTORY 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 JANUARY 20, 2017 and assigned
Florida document number L17000016698.

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)

141 15TH ST NW

NAPLES FL 34120

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

141 15TH ST NW

NAPLES FL 34120

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

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JUL 17 2017
STATE OF FLORIDA
TALLAHASSEE

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	FRANCISCO M. HERNANDEZ	141 15TH ST NW	<input checked="" type="checkbox"/> Add
		NAPLES FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROMINA MARTINEZ	141 15 TH ST NW	<input checked="" type="checkbox"/> Add
		NAPLES FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHELE ABATE	6365 COLLINS AVE	<input type="checkbox"/> Add
		MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTONIO COLETTA	8731 NW 110 AVE	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAVIER MAGGIOLO	5721 SW 11 ST	<input type="checkbox"/> Add
		MIAMI FL 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FALLS CHURCH, VA
HALL COUNTY, GA

[illegible]

(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)

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.

Antonia Colletta

ANTONIO COLETTA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA