Division of Corporations **Electronic Filing Cover Sheet**

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(((H180001919173)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ITALIAN LIVING MARBLE, LLC

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JUN 29 2018

To: 18506176383 From: 12143052508 Date: 06/28/18 Time: 12:48 PM Page: 02/04

(((H180001919173)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITALIAN LIVING MARBLE, LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our reco Liability Company)	rdş.)
The Articles of Organization for this Limited Liability Company Florida document number L17000025\$22 (170%02552	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	,
(Principal office address MUST BE A STREET ADDRESS)		
		50.2± − 00 · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10 -
maning united regression and two contractions	· · · · · · · · · · · · · · · ·	-
·		- N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ds, enter the name of the nev
New Registered Office Address:	Enter Florida street add	
	Lines I lorida sir cei ada	
	City . 1	Florida
New Registered Agent's Signature, if changing Registered Agent	•	тр соно
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

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(((H18000191917 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>	Name	Address	Type of Action
MGR	VITTORIO FIGARI	3401 N. MIAMI AVE. UNIT 241-242 MIRMY, FI 33127	⊟ ∧dd
	·		□ Remove
			Change
AMBR	TECHNOPROJECT LTD	3 GOWER ST WC1ESA LONDON, EDGLAND	Add
			■ Remove
			Change
AMBR	FRANCESCO DOMENICHINI	3401 N. MIAMI AVE., UNIT 241-272	■ Add
			☐ Remove
			🗆 Change
AMBR	ITALIAN LIVING, LLC	3401 N. MIAMI AVE., UNIT 241- 242- MIAM, PL 33127	Add
			□ Remove
			🗟 Change
	·		□ Add
			□ Remove
			D Change
	<u> </u>		□ Add
		444	□ Remove
			_□ Change

To: 18506176383 From: 12143052508 Date: 06/28/18 Time: 12:48 PM Page: 04/04 (((H180001919173))) 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. JUNE 28, 2018 Dated

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COREY E. HOFFMAN

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Typed or printed name of signee

ting of a member or authorized representative of a member