# L1700042270

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		COVER LETTER	
FO: Registration Se Division of Cor			
CIBOR-I L	.LC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIELA RONCHETTI		
		Name of Person	
		Firm/Company	
	2636 KINGS LAKE BLV	D	
		Address	
	NAPLES FL 34112	City/State and Zip Code	
	DANIELA@BUSINESSM	GM.COM	
Par factor information		to be used for future annual report notifi	cation)
	oncerning this matter, please ca		
DANIELA RONCHETT	f Person	239 298-9800 at ()	Telephone Number
Name o	i rerson	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)
	ING ADDRESS:	STREET/COURIE Registration Section	
Registration Section Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building	
	assee, FL 32314	2661 Executive Cer Tallahassee, FL 323	

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

#### CIBOR-I 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 02/22/2017	and assigned
Florida document number L17000042270	

This amendment is submitted to amend the following:

#### A. If amending name, enter the new name of the limited liability company here:

#### RO.MA. CIBOR-I LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

#### 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)

2636	KINGS	LAKE	BLUD

34112 NAPLES TL

If amending the registered agent and/or registered office address on our records, enter the name of the new R registered agent and/or the new registered office address here:

		r	17	
Name of New Registered Agent:		-	<u></u>	
New Registered Office Address:		55.4	162	•
<u></u>	Enter Florida street address	(		~
	, Florida		ANI	- Ţ- :
	City	Zip (	Gode 🔍	•-
egistered Agent's Signature, if changing Registered Agent:		5 1	ίο'	

#### New R

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	Italian Television Network Srl	VIA BONCOMPAGNI 61	🛛 Add
		ROME, RM 00187 IT	Remove
			Change
MGR	Massimo Spaggiari	PIAZZA PIO PECCHIAI 13	Add
		ROME, RM 00100 IT	Remove
			Change
MGR	Luana Provenzano	VIA RAIMONDO D'ARONCO 18	Add
		SC B4 INT 2	Remove
		ROME 00100 IT	Change
MGR	Marco Matteoni	VIA FRATELLI MARISTI 69	Add
		ROME 00189 IT	Remove
			Change
MGR	Daniela Ronchetti	2636 KINGS LAKE BLVD	Add
		NAPLES, FL 34112	C Remove
			Change
			Add Refinove
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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.

Dated	2/16/17	
	Signature of a member or authorized representative of a member	_
	Signature of a memory of authoused representative of a memory	
	JANVIER ROULLEM	
	Typed or printed name of signee	-

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Filing Fee: \$25.00