17000042270

(Ad	ldress)	
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rtified Copies	_ Certificates	of Status
- pecial Instructions to	Filing Officer:	

(Requestor's Name)

# 800306896838

# 12/28/17--01012--035 ++25.00



## **COVER LETTER**

#### TO: Registration Section Division of Corporations

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

SUBJECT: \_

1

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:

DANIELA RONCHETTI

Name of Person

Firm/Company

2636 KINGS LAKE BLVD

Address

NAPLES FL 34112

City/State and Zip Code

#### DANIELA@BUSINESSMGM.COM

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

For further information concerning this matter, please call:

 
 DANIELA RONCHETTI
 239 at (\_\_\_\_\_)
 298-9800

 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 radditional 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

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

The Articles of Organization for this Limited Liability Company were filed o	n <u>02/20/2017</u>	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:

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)	
· · · · · · · · · · · · · · · · · · ·	
	2 <b>6</b>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	address
	City	Florida Zin 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. Thereby 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 or removed from our records:

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ROBERTO ONOFRI	VIA BONCOMPAGNI 61	🗖 Add
1		ROME IT 00187	E Remove
			🗖 Change
MGR	ITALIAN TELEVISION NETWORK	VIA BONCOMPAGNI 61	Add
		ROME IT 00187	
			Change
			Add
			Remove
			Change
			🗆 Add
			Remove
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			Remove
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D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (It'an effective date is listed, the date must be specific and cannot be prior to date of tiling 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.

DECEMBER 20	2017	
	$N_{0}O_{-}$	
	ignature of a member or authorized representative of a member	
DANIELA RONCHETTI	I	
	Typed or printed name of signee	

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Filing Fee: \$25.00