

**L17000061594**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

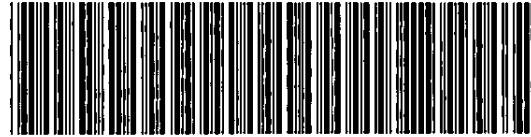
\_\_\_\_\_  
(Business Entity Name)

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

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**17 MAY - 1 AM 8:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**S Warren**

**MAY - 2 2017**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Collezioni Europa

\_\_\_\_\_  
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:

Camilo Andres Parra Rodriguez

\_\_\_\_\_  
Name of Person

Collezioni Europa, LLC

\_\_\_\_\_  
Firm/Company

2567 N. Alafaya Trail Suite 130

\_\_\_\_\_  
Address

Orlando, FL 32826

\_\_\_\_\_  
City/State and Zip Code

contact@collezionieuropa.com

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

For further information concerning this matter, please call:

Camilo Andres Parra Rodriguez

786 3253568  
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

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

Collezioni Europa, 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 03/17/2017 and assigned  
Florida document number L17000061594.

This amendment is submitted to amend the following:

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

N/A

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)**

2567 North Alafaya Trail

Suite 130

Orlando, FL 32826

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2567 North Alafaya Trail

Suite 130

Orlando, FL 32826

**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:

Camilo Andres Parra Rodriguez

New Registered Office Address:

2567 North Alafaya Trail Suite 130

*Enter Florida street address*

Orlando,

Florida

32826

*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**

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>
AMBR	Rafaela Cubezin	151 E WASHINGTON ST	<input type="checkbox"/> Add
		Orlando, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Camilo Andres Parra Rodriguez	2567 N ALAFAYA TRAIL	<input type="checkbox"/> Add
		APT 130	<input type="checkbox"/> Remove
		Orlando, FL 32826	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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17 MAY 2017  
TALLAHASSEE, FLORIDA  
12:46 PM  
Change  
Add  
Remove  
Change

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

Page two removes Authorized Member Rafaela Cubezin and corrects the name of Authorized Member

Camilo Rodriguez to Camilo Andres Parra Rodriguez

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

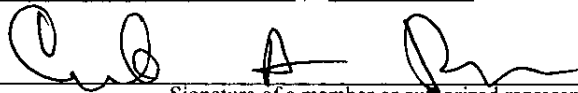
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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 \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Camilo Andres Parra Rodriguez

Typed or printed name of signee

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17 MAY - 1 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA