

L17000100386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

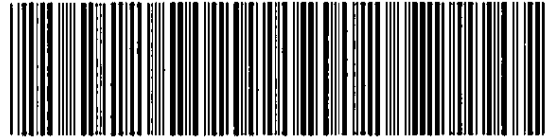
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 24 P 4:15
JONES COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

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D BRUCE
AUG 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2017

LILY AMADOR
SHOMAR ACCOUNTING, PA
7777 NW 146TH ST
MIAMI LAKES, FL 33016

SUBJECT: LAB GELATO, LLC
Ref. Number: L17000100386

We have received your document for LAB GELATO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 717A0001577

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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2017 AUG 24 AM 11: 06
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAB GELATO, 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:

LILY AMADOR

Name of Person

SIOMAR ACCOUNTING, PA

Firm/Company

7777 NW 146TH ST

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

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

For further information concerning this matter, please call:

LILY AMADOR

305

825-1123

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 AUG 24 P 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/10/17

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

LAB GELATO, 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 05/05/2017 and assigned
Florida document number L17000100386.

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:

7777 NW 146TH ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI LAKES, FL 33016

Enter new mailing address, if applicable:

7777 NW 146TH ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI LAKES, FL 33016

**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:

DENIS DALLE RIVE

New Registered Office Address:

1638 EMBASSY DR. APT 406

Enter Florida street address

WEST PALM BEACH

Florida

City

33401

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>
MGR	FEDERICO TADDEI	670 LINCOLN RD	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUCIANO DALLE RIVE	670 LINCOLN RD	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENIS DALLE RIVE	1638 EMBASSY DR. APT 406	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 AUG 24 2 41 PM '05
 TALLAHASSEE, FLORIDA
 CLERK OF CIRCUIT COURT

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 JULY 25TH

2017

Signature of a member or authorized representative of a member

FEDERICO TADDEI

Typed or printed name of signee