

**L17000101775**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H17000134050 3)))



H170001340503ABCV

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LEVIN LAW & MEDIATION GROUP  
Account Number : I20140000093  
Phone : (941) 953-5300  
Fax Number : (941) 953-5355

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Linda@LevinMediation.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LA FIAMMA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 MAY 16 PM 3:53

TALLAHASSEE, FLORIDA

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MAY 17 2017

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: La Fiamma LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and ltc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerome S. Levin

Name of Person

Levin Law, LC

Firm/Company

1444 1st Street, Suite A

Address

Sarasota, FL 34236

City/State and Zip Code

linda@levinmediation.com

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

For further information concerning this matter, please call:

Jerome S. Levin

at ( 941 )

953.5300

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

H17000134050 3

La Fiamma 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 May 8, 2017 and assigned  
Florida document number L17000101775.

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:

6115 S. Tamiami Trail

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34231

Enter new mailing address, if applicable:

6115 S. Tamiami Trail

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34231

**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:

New Registered Office Address:

6115 S. Tamiami TrailEnter Florida street addressSarasota,Florida 34231CityZip 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) H17000134050 3

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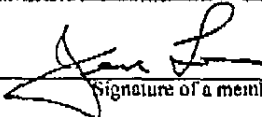
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 May 15, 2017

 AUTHORIZED  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JEROME LEVIN

\_\_\_\_\_  
Typed or printed name of signee