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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Dusiness Entity Name)	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
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Office Use Only



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N COOPER JUN 27 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinotto LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	papears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed on the Limited Liability Company were filed on the Liability Co	on July 17th, 2017 and assigned
Florida document number <u>L17000150080</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	<u>ny here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
	89 25 C
Enter new mailing address, if applicable:	25 25
(Mailing address MAY BE A POST OFFICE BOX)	A Bro.
	<u>5</u> 21
	2
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	, Florida
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 provisions of all statutes relative to the proper and complete performan	this capacity. I further agree to comply with t ce of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

COVER LETTER

Division of Co			
SURIECT:	Pinotto uc Name of Lim		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Pa	tricia Nachtiga	<i>!/</i>
		Name of Person	
		Firm/Company	
	210 Sea 1	Siew dr. #304 Address	
	<u>Key</u>	Biscayor, FL 3:	3149
	Pafa. E-mail address: (1	gve o hotmail.com to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	alt:	
Patricia Name	Nachtigall of Person	at (305) 361 Area Code Daytime	7956 Telephone Number
Enclosed is a check for t	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

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>	Address	Type of Action
<u>AMBA</u>	Daniele Giuseppe Del Gaudo	210 Seaview dr # 304	
		Ker Bissagne, FL 33149	□ Remove
			□ Change
			Add
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Filing Fee: \$25.00