

AUG 17 2017 1:02AM

No. 09 1

L17000151510

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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17 AUG 17 AM 11:49
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PIEDA ALLIANCE, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pieda Alliance, 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:

P. Michelle McGee
Name of Person *fc*
Fleet & Smith
Firm/Company
1283 Eglin Parkway Suite A
Address
Shalimar, FL 32579
City/State and Zip Code
michelle@fleetsmithlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. Michelle McGee at 850 651-4006
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

Pieda Alliance, 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 July 14, 2017 and assigned Florida document number: L17000151510

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:

(Principal office address MUST BE A STREET ADDRESS)

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, 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:

Enter Florida street address

_____, Florida _____
City Zip Code

17 AUG 17 4:49 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	TFMC, LLC	1785 FIM Blvd.	<input checked="" type="checkbox"/> Add
		Port Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

The Articles of Organization are amended to indicate the ownership interests of the Members.

51% of the membership units will be owned by Alberto Tremolini and Corinne Saotti, as Tenants by the Entirety.

49% of the membership units will be owned by TFMC, LLC.

The Articles of Organization are amended to indicate the LLC will be manager-managed.

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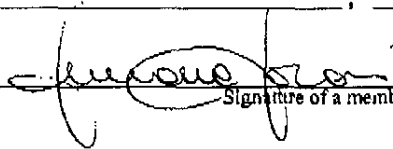
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 17, 2017



Signature of a member or authorized representative of a member

Simona Faroni & Guido Tremolini, as Managers of TFMC, LLC, AMBR and MGR of Piedad Alliance, LLC

Typed or printed name of signee