11700160542

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ı
1		

Office Use Only



300309461613

03/01/18--01008--011 **25.00

ECRETARY OF STATE-

NAR - 1 AH 2

COVER LETTER

Division of Corporations
SUBJECT: GIULIANA ENTERPRISES 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:
KARINA HAYWOOD Name of Person
H CONSIGLIARE LLC Firm/Company
POBOX 890 Address
WINDERTERE, FL 34786 City/State and Zip Code HONSIGUARE @ OUTLOOK. WM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 466-1382 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

GIULIANA ENT		
(Name of the Limited Li (A F	ability Company as it now appears on our recordering Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabil. Florida document number	ity Company were filed on <u>07/27/17</u> 0542	7 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	es ILC	TALLER K
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	" or the monroviation "L.L.C."
Enter new principal offices address, if applicable		SEE - E
(Principal office address MUST BE A STREET A	DDRESS)	丁二 至 〇
		98.7
		D 60
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	y* . F3 . 1	
	Enter Florida street address	S
_		orida
	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>	Address	Type of Action
MGR	MIRIAM S TRAVESSA BERTUSO	8244 VIA VITTORIA WAY	□ Add
		ORIANDO, FL 32819	E Remove
			Change
MGR	Gian Carlo Bertuso	8244 VIA VITTORIA WAY	_ 🖰 Add
		ORLANDO, FL 32819	Remove
	·		Change
			🗆 Add
			_□ Remove
		SECKETARY OF TALLAHASSEE, F	Change
		ASSEE	T-Add TI
		FLORIDA	₹ ® Q, Bernove
			© _□ Change
			_□ Add
			_ Remove
			_ Change
			_□ Add
			_ Remove
			☐ Change

	C				
		•••			
	· · · · · · · · · · · · · · · · · · ·				
	<u></u>				
	 -			•	
 					
					_
				<u>-</u>	
					- 第三
					SS 1 1
					而今 至
	<u> </u>				- F
					REE TO
					y -
					······································
					-
fective date, if other tha	n the date of filin	ıg:		(optio	nal)
n effective date is listed, the date: If the date inserted in t	ate must be specific and	d cannot be prior	to date of filing or more	than 90 days after i	iling.) Pursuant to 605.020
cument's effective date on	the Department of	State's records.	iole statemy filling i	equirements, tins	date will not be fisted a
rosard asseition a de	layed effective of	date, but no	an effective tim	ne, at 12:01 a	m. on the earlier o
record specifies a de	e record is tiled.	•			
The 90th day after the					
The 90th day after the	₽				
The 90th day after the	3	5	_·		
The 90th day after the	<u> </u>	5			
ted 02/27/18		,member or author	rized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00