

L17000216320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

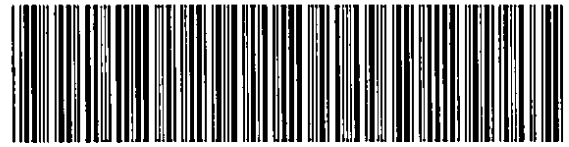
(Business Entity Name)

(Document Number)

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2018 SEP 10 PM 2:55  
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D. BRUCE  
SEP 12 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MR BURRATA 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:

KAREN PALERMO

Name of Person

LUARKA INC

Firm/Company

6039 COLLINS AVE #732

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

MIAMI BEACH, FL 33140

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

For further information concerning this matter, please call:

KAREN PALERMO

786 804-3333  
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

2018 SEP 10 PM 2:35  
TALLAHASSEE, FL 32301

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

MR BURRATA 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 8/31/2018 and assigned  
Florida document number L17000216320.

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

6039 COLLINS AVE #732

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI BEACH, FL 33140

**Enter new mailing address, if applicable:**

6039 COLLINS AVE #732

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI BEACH, FL 33140

**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:

Luarka Inc

New Registered Office Address:

6039 COLLINS AVE #732

*Enter Florida street address*

Miami Beach

*City*

Florida 33140

*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	LUARKA INC	6039 Collins Ave #732	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PARESCHE, ROBERTO	1500 BAY ROAD UNIT 1026	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
MIAMI BEACH, FL 33139

2010 SEP 10  
RECEIVED  
FALLS CHURCH

8/31/2018

7

2010 SEP 10 PM 2:45  
Pursuant to 05.  
will not be liste

Dated September 6th 2018

Signature

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**