

L18000023137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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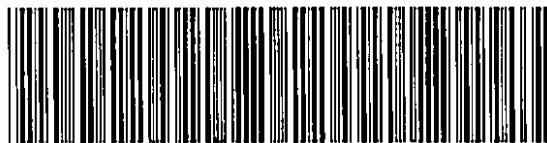
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 16 AM 10:04

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JUL 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLD OF NAPLESII 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:

RAFFAELE TRAMMA

Name of Person

GOLD OF NAPLESII LLC

Firm/Company

201 SE 2ND AVENUE APT 1406

Address

MIAMI, FL 33131

City/State and Zip Code

officemiami@goldofnaples.com

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

For further information concerning this matter, please call:

RaffaeleTramma

347

6058090

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

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

(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 January 25, 2018 and assigned
Florida document number L18000023137

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

201 SE 2ND AVENUE APT 1406

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 SE 2ND AVENUE APT 1406

MIAMI, FL 33131

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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:

201 SE 2ND AVENUE APT 1406

Enter Florida street address

MIAMI, FL

City

Florida 33131

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 | EMILIANO FERMO | 4300 SHERIDAN ST | <input type="checkbox"/> Add |
| | | HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RAFFAELE TRAMMA | 201 SE 2ND AVENUE APT 1406 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | NUNZIO LAMBIASE | Via Giacomo Matteotti 9, | <input checked="" type="checkbox"/> Add |
| | | Nocera Superiore, Salerno 84015 | <input type="checkbox"/> Remove |
| | | ITALY | <input type="checkbox"/> Change |
| AMBR | MATTEO FATELLI | 812 Myrtle Avenue | <input checked="" type="checkbox"/> Add |
| | | Brooklyn, NY 11211 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | MICHAEL GAMBINO | 65 Ainslie street | <input checked="" type="checkbox"/> Add |
| | | Brooklyn, NY 11211 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | MICHAEL GAMBINO | | <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.)*

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E. Effective date, if other than the date of filing: JULY 13, 2018 (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 _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee