

418000035189

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ornella Brosieri LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ornella Brosieri
Name of Person

Ocean Capital LLC
Firm Company

1939 Tyler St.
Address

Hollywood, FL 33020
City and Zip Code

Ornellaborsieri@gmail.com
E-mail Address for Attention

For further information concerning this matter, please call:

Ornella Brosieri at 786 447-1269
Name of Person City and State Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
☐ \$50.00 Filing Fee & Certificate of Status
☐ \$75.00 Filing Fee & Certificate of Status & Additional Copy is Enclosed
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
☐ \$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
Chilton Building
2601 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ORNELLA BORSIERI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(Also "Fictitious Name" Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/13 and assigned
Florida document number L18000035189

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ORNELLA BORSIERI L.L.C.

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 SINGLE 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 (Post Box)

New Florida street address

Florida

Zip Code

New Registered Agent's Signature (if changing Registered Agent):

The new agent, by accepting the duties of the position, give 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 is in good standing with the State of Florida.

(If Changing Registered Agent, Signature of New Registered Agent)

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ASST. ATTORNEY GENERAL

(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)

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.

Signature of a member or authorized representative of a member.

Signature of a member or authorized representative of a member

Ornella Borsieri
Type or printed name of signer