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## **COVER LETTER**

Division of Corp	porations .		
SURIF <i>C</i> T-	CRIMITO Name of Limi	LIC	
30b3bC1.	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	AUE SSA ND	Name of Person	ಎ
		Name of Person	
		Firm/Company	<del> </del>
	115 VENETIAN	why DILIDO	ı\$
	MIAMI BEACE		
	04000	City/State and Zip Code  City/State and Zip Code  Compared to Compared to be used for future annual re	
For further information co	E-mail address: (to oncerning this matter, please ca		eport notification)
MODERANDA	SAPONARO	at (415)	994 82 14  Daytime Telephone Number
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

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#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	ALESSANDRO SAFONARO	MIAMI BEACH FL 33140	Remove
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Filing Fee: \$25.00