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D. BRUCE JAN 05 DIB

COVER LETTER

TO:	Registration Sec Division of Corp							
cuth i	CRIMITO 1	LC						
SUBJ	EC1:	Name of Limi	ted Liability Company	· · · · · ·				
The er	nclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.					
Please	return all correspon	ndence concerning this matter	to the following:					
		CRISTINA MANSUITI						
			Name of Person					
			Firm/Company					
		5600 COLLINS AVE UNI	•					
			Address					
		MIAMI BEACH FL 33140)					
		SAPPDOGG@GMAIL.CO	City/State and Zip Coc M	le				
		E-mail address: (to be used for future annu	al report notification)		Z :	2010	
For fu	rther information c	oncerning this matter, please ca	alt:			r- (201 0 DEC	1
ALES	SANDRO SAPON	IARO	415 9	9948214	_			1
	Name o	f Person	Area Code	Daytime Teleph	one Number	—- <u></u> .2 .,;;	PM 2: 3	
Enclo	sed is a check for th	ne following amount:				7. J. C.	<u></u>	
■ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		Certified (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

CRIMITO LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000077822	were tiled on <u>03/27/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:	5600 Collins ave Apt 10H	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach FL 33139	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	P. ?:
	, Florida	<u>3</u>
 -	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 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>	Type of Action
MGR	Cristina Mansutti		
		5600 Collins ave # 10H Miami Beach FL 33139	■ Remove
			Change
AMBR	Cristina Mansutti	5600 Collins ave # 10H Miami Beach FL 33139	
			□ Remove
			☐ Change
MGR	Alessandro Saponaro	5600 Collins ave # 10H Miami Beach FL 33139	Add
			□ Remove
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n effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the fi	ock does not meet the	applicable statuto	ry filing requirements	s after filing.) Pursual s, this date will not	t be listed
sument's effective date on the i.	epartment of State's i	ccords.			
record specifies a delaye The 90th day after the rec		ut not an effec	ctive time, at 12:	01 a.m. on the	earlier
December 12	2018				
	Signature of a member	Tullens or authorized repres	entative of a member		
		r			

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