18000080692

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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06/04/18--01010--026 **25.00



Verace Artisan Piz (Name of the Limited Liability Company (A Florida Limited Lia	za LLC as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\angle 1800080692$.	ere filed on $\frac{3/29/18}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	
The new name must be distinguishable and contain the words "Limited Liabilit	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	- 44
Enter new mailing address, if applicable: (Mailing address MAY BE <u>A POST OFFICE BOX)</u>	
	1- 1+

office Address:

Enter Florida street address

. Florida _____ 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.

City

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>	Name	Address	Type of Action
AMBR	Luciana Rodriguez		O Add
			Remove
		1566 ne 1915t apt 326	Change
MGR	Denis Xhurxhi	1566 ne 1911 st apt 37.6 Miami, FC 33174	S Add
			B Remove
			Change
			🗆 Add
			Remove
			Change
	·		🗆 Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			🗅 Add
			C Remove
			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: ______(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 05/16/18 Accurate Signature of a member or authorized representative of a member	
$\sqrt{\frac{1}{1000000000000000000000000000000000$	
Typed or printed name of signee	

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