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## **COVER LETTER**

TO:		istration Sec ision of Corp			
CLID	IFCT.		oe Drive, LLC		
SUB	JEC1;	<u> </u>	Name of Limi	ited Liability Company	
The	enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return	all correspon	ndence concerning this matter	to the following:	
			Beckett C. Horner		
				Name of Person	
			Block & Scarpa		
				Firm/Company	
			1515 Indian River Blvd., S	uite A-220	
				Address	ytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy
			Vero Beach, FL 32960		
				City/State and Zip Code	
			bhorner@blockscarpa.com		
			E-mail address: (	to be used for future annual report	notification)
For	further i	nformation co	oncerning this matter, please ca	all:	
Bec	kett C. F	lorner		772 794-1918 at ()	3
		Name of	Person	Area Code Day	time Telephone Number
Encl	losed is a	a check for th	e following amount:		
	\$25.00 F	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

5103 Latrode Drive, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our record ited Liability Company)	ls.)
The Articles of Organization for this Limited Liability Comp Florida document number		and assigned
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 I.	Liability 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	<u> </u>	<b>5 5 9 9</b>
		<b>5</b> 97
Enter new mailing address, if applicable:		F CORP
(Mailing address MAY BE A POST OFFICE BOX)		STA STA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	, Flo	orida
	Cuy	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>	Address	Type of Action
MGR	Mariantonia Barbieri	5103 Latrobe Drive	□ Add
		Windermere, FL 34786	<b>⊟</b> Remove
			☐ Change
AMBR	Mariantonia Corno	5103 Latrobe Drive	Add
		Windermere, FL 34786	□ Remove
			□ Change
AMBR	Carlo Barbieri	5103 Latrobe Drive	<b>_</b> ■ Add
		Windermere, FL 34786	Remove
			Change
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			□ Remove
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Effective date, if other than the	data of filings	May 2, 2018		(on	tional)	
If an effective date is listed, the date mus	be specific and cr	annot be prior to	date of filing or m	ore than 90 days af	der filing.) Pursuant to	605.0207
Note: If the date inserted in this blo	ock does not mee	et the applicab	le statutory filin	g requirements, t	his date will not be	listed as
document's effective date on the De	partment of Stat	te's records.				
he record specifies a delayed	effective da	te, but not a	an effective I	ime, at 12:01	a.m. on the e	arlier o
The 90th day after the reco		•		·		
May 2		2018				
Dated	,		. •			
			1	of a manch or		_
	Signature of a me	moer of authoria	zeu representative	or a member		

Page 3 of 3

Filing Fee: \$25.00