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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL IN

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

2mail	Address:			
				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POMODORO RISTORANTE & BAR LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POMOIXIRO RISTORANTE & BAR LLC		
(Name of the Limited Liability (A Flonda L	Company as it now appears on our records, imited Liability Company)	3
The Articles of Organization for this Limited Liability Cor	npany were filed on 04/12/2018	and assigned
Florida document number 000039274	•	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d Hability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u></u>	N3
		· ;
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		۱. ب
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, ss here:	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	Cay	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, Stonuture 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

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Title	Name	Address	Type of Action
MGR	Guido Secchiati	18200 SW 147TH AVE MIAMI, FL 33187	
			
			Remove
			Change
	-		
			□ Remove
			☐ Remove
			Change
			Add
			: Remove
			□ Change
			D Add
			Remove
			☐ Change
			D Add
			□ Remove
			Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing: te: If the date inserted in this block does not meet the applicable staruto cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective date, but not an effective date.	ory filing requirements, this date will not be listed
he 90th day after the record is filed.	tave time, at 12.01 a.m. on the earner
Signature of a member or authorized represe	entative of a member

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Filing Fee: \$25.00