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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DDS TAMPA TAX SERVICE

Account Number : I20140000115

Phone : (813)382-8426

Fax Number

: (813)884-0263

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R.MILANI CONSTRUCTION LLC

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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|--|--|---|--|
| | CONSTRUCTION LLC | | | |
| SUBJECT: | Name of Limi | ited Liability Company | | _ |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Piease return all correspo | endence concerning this matter | to the following: | | |
| | MILANI, FLAVIO M | | | 5. 19 |
| | R.MILANI CONSTRUCT | Name of Person ION LLC | | 11-8 11-8 |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | | - Fig. 3 |
| | 6050 WILKINSON RD APT 107 | | | 8 # 8: 5% |
| | - | Address | | — 是 |
| | SARASOTA, FL 34233 | | | 7, |
| | FMILANII3@GMAIL.CO | City/State and Zip Code M to be used for future annual | | - - |
| For further information of | concerning this matter, please ea | all: | | |
| MILANI, FLAVIO M | | | 9-7814 | |
| Name o | of Person | Aren Code | Daytime Telephone Nun | nber |
| Enclosed is a check for t | he following amount: | | | |
| \$25.00 Fiting Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enc | Certifolosed) Certifolosed | Filing Fee, ficate of Status & fied Copy onal copy is enclosed) |
| Regist Divisi P.O. E | JNG ADDRESS: ration Section on of Corporations Box 6327 rassee, FL 32314 | Registrat Division Clifton E | IVCOURIER ADDRESS ion Section of Corporations Building countive Center Circle | S: |

Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| R,MILANI CONSTRUCTION LLC | | <u> </u> |
|--|--|---------------------------------|
| (Name of the Limited Liability (A Florids | y Company as it now appears on our recording to Limited Liability Company) | r ds.) |
| The Articles of Organization for this Limited Liability Co | • - | and assigned |
| Florida document number 1.18000133878 | · | _ |
| This amendment is submitted to amend the following: | | 19 14 |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| ITALIAN BROTHERS LLC | | SS P |
| The new name must be distinguishable and contain the words "Limitation of the contain the words "Limitation of the contain the words "Limitation". | ited Liability Company," the designation "LL | C" or the abbieviation "E.C.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | PESS) | <u>_</u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ds, enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addi | TENN |
| | 1 | Florida |
| | 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 um 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> | Name | Address | Type of Action |
|---------------|--------------------------|------------------------------|----------------|
| AMBR | RAFAEL APARECIDO, MILANI | 6050 WILKINSON RD APT 107 | |
| | · | 7(1 107 | □ ∧dd |
| | | SARASOTA, FL 34233 | □ Romove |
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Typed or printed name of signee

Filing Fee: \$25.00