L18000134254

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12/18/20 A

ITALIAN IDEA SRQ LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mariela A Hollingsworth Name of Person Viglione Accounting Corp Firm/Company 7061 S Tamiami Trl Suite 204 Address Sarasota, FL 34231 City/State and Zip Code aviglione@me.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Mariela A Hollingsworth Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I. (A.F.	iability Company as it now appears of lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number L18000134254	lity Company were filed on 05-30	-2018 and assig
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here	:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the desi	gnation "LLC" or the abbreviation L.L.
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	(DDRESS)	
		· # D
Enter new mailing address, if applicable:		. 0
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
		ords, enter the name of the new r
agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	0 51 11	
	he following: ame of the limited liability company here: ain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC applicable: STREET ADDRESS) OFFICE BOX) Ind/or registered office address on our records, enter the name of the new raddress here:	
-	Cin	, Florida
	City	ыр соце

New Registered Agent's Signature, if changing Registered Agent:

ITALIAN IDEA SRO LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of.
MBR	Raffaele Ferrara	2436 Waldemere St	
		Sarasota, FL 34239	≣Remo
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Effective date, if other than the date of filing:	the applicable		ore than 90 days a		
the record specifies a delayed effective date, but not an ecord is filed.	effective time, a	at 12:01 a.m. c	on the earlier of	:(b) The 90	th day afte
Dated)20	7			
	ber or authorized		of a member		
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Antonello Piras	ed or printed na	mu of sine			

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