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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
~ <u></u>
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sect Division of Corp				
	ONTESI I L	LC		
SUBJECT: VI	Name of Limit	ted Liability Company	· · ·	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	<u>Karolina</u>	Name of Person		
	k Tomes	SUNICE LOTP Firm/Company	<u> </u>	
	600 S Feet			
	Surfield	Brach, A. City/State and Zip Code K+orres Str o be used for future annual r	33441	 m
	E-mail address: (1	o be used for future annual r	report notification)	
For further information co	neerning this matter, please ca	di:		
<u>Karolina</u>	Person	at (<u>561</u>)	562 - 081 Daytime Telephor	Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

Montesi	I LLC	
- (<u>Name of the Limited Liabilit</u> (A Florada	y Company as it now appears on our reco imuted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co		and assigned عرب العالمين
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	3 V ₁
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EGRETARY OF SIDN OF CORPOR
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	tered office address on our recoress here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	leus
		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Montesi Corp	2592 Carambola Cir N	X Add
	·	2592 (avambda Cir N Ciconut Creek, FL 32066	Remove
			☐ Change
•			☐ Remove
•			Change
			Remove
			Change
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		. <u></u>	Change
			□ Remove
			Change
			Remove
			Change

NONE	
	-
	-
ctive date, if other than the date of filing:	(optional) nore than 90 days after filing.) Pursuant to
e: If the date inserted in this block does not meet the applicable statutory filinument's effective date on the Department of State's records.	ng requirements, this date will not be
ament's effective date on the preparament of state's records.	
record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the ea
he 90th day after the record is filed.	-, -
h in the	
August Cth 2018 Piva Montesi da 5:1va Signature of a member or authorized representativ	
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Filing Fee: \$25.00