13053284774

12/14/22, 11:42 AM

To

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220004204713)))



H220004204713ABCVV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

-----

	Fax Number : (850)617-6383		2022 DEC 14
From:			· · · · · ·
	Account Name : EXPRESS CORPOR	RATE FILING SERVICE INC.	<b>ب</b> ر بر جن
	Account Number : 120000000146 Phone : (305)444-4994		120
	Fax Number : (305)328-4774		in op
			A SOLE STAT
	the email address for this busine nual report mailings. Enter only		future 🖘
c#11	nual report marrings. Enter only	one email audress please.	•
Em	ail Address:		
L	LC AMND/RESTATE/CORRE	ECT OR M/MG RESIG	IN .
	ITALVEN FOOD SEI		
	Certificate of Status		
	Certified Copy	0	
	Page Count	04	
	Estimated Charge	\$25.00	
- EV	Dominanca Onai 50		
IBLEY			
IBLEY			
BLEY 2022			

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITALVEN FOOD SERVICES, LEC

## (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/07/2018}{1.18000213661}$  and assigned Florida document number  $\frac{1.18000213661}{1.18000213661}$ 

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 Liability Company," the des	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street add	hear
_	City .	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 mereby 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
MGR	Gabriele Paolo Titone Bono	8587 CORAL WAY	🗆 Add
		MIAMI, FL 33155	Remove
			[]Change
			🖸 Add
			CRemove
			DChange
			<u></u> Ü.\cd
			🗍 Remove
			L)Change
			🗋 Add
			[]Remove
			□□Change
	······		[i,\dd
			[]Remove
			Change
<u> </u>			🗆 Add
			□Change

2022-12-14 17 29:11 GMT

D. 1	lf amending any	other information,	enter change(s) here:	(Attach additional sheets, if necessary,	j
------	-----------------	--------------------	-----------------------	--	---

	· · · · · · · · · · · · · · · · · · ·
<u> </u>	<u> </u>
· · ··_	
	<u></u>
Note: If the date inserted i	in the date of filing:
e record specifies a delayed rd is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
12/13 Dated	2022

12/ Gaspare Gabriel Titone Bono Signature et a member et authorized representative et a member

GASPARE GABRIEL TITONE BONO

-----

Typed or printed name of signee