

L18000 286 873

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(Address)

(Address)

(City/State/Zip/Phone #)

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2019 DEC -9 AM 10:43

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JAN 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 320 OCEANDRIVE LLC
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:

MATTEO SOLDATINI
Name of Person

Firm/Company

PO BOX 398327
Address

MIAMI BEACH FL 33239
City/State and Zip Code

MATTEO@SOLDHOLDINGS.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

at 786 3789252
Name of Person Area Code Daytime Telephone 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 enclosed)

☐ \$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, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

320 OCEANDRIVE LLC

(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 12/14/18 and assigned
Florida document number L18000286873

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1021 MICHIGAN AVE
MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 398327
MIAMI BEACH, FL 33239

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

Name of New Registered Agent:

LUCA MIGLIORE

New Registered Office Address:

1021 MICHIGAN AVE

Enter Florida street address

MIAMI BEACH, Florida 33139

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 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.

Luca Migliore
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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|---|---------------------------------|
| <u>MGR</u> | <u>LUCA MIGLIORE</u> | <u>1021 MICHIGAN AVE</u> Remove | <input type="checkbox"/> Remove |
| | | <u>MIAMI BEACH, FL 33139</u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>MATTEO SOLDATINI</u> | <u>PO BOX 398327</u> Add | <input type="checkbox"/> Add |
| | | <u>MIAMI BEACH, FL 33139</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>GIUSEPPE BONASERA</u> | <u>1115 MERIDIAN AVE</u> <input type="checkbox"/> Add | <input type="checkbox"/> Add |
| | | <u>MIAMI BEACH, FL 33139</u> Remove | <input type="checkbox"/> Remove |
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/12 2019
Luca Miciore
 Signature of a member or authorized representative of a member
LUCA MICIORE
 Typed or printed name of signee

Filing Fee: \$25.00