

L190000023141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

file amend.

Office Use Only



100331385601

07/06/19-- 01018-- 017 --\$50.00

Amend

19 JUL 31 PM 2:30
FILED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

AUG 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIA EMILIA GARDEN LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIANCARLO CACCIATORI
Name of Person

VIA EMILIA GARDEN LLC
Firm/Company

3500 NORTH MIAMI AVE
Address

MIAMI 33127 FL
City/State and Zip Code

CACCIATORI@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIANCARLO CACCIATORI at (786) 327-4417
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

19 JUL 31 PM 2:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2019

GIANCARLO CACCIATORI
VIA EMILIA GARDEN LLC
3500 NORTH MIAMI AVE
MIAMI, FL 33127

SUBJECT: VIA EMILIA GARDEN, LLC
Ref. Number: L19000023141

We have received your document for VIA EMILIA GARDEN, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted 2 forms and one wasn't complete. If you will just submit the amendment form we can change everything you are trying to change on the 2 partial forms.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 819A00014924

2019 JUL 24 10:57

RECEIVED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Via Emilia Garden, 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 01.22.2019 and assigned Florida document number L19000023141

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

GIANCARLO CACCIATORI

New Registered Office Address:

3500 NORTH MIAMI AVENUE

Enter Florida street address

MIAMI

City

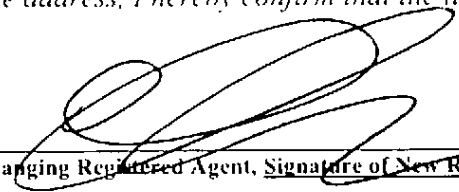
Florida

33127

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, 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>
AMBR AGENT	GIANCARLO CACCIAFORI	3500 NORTH MIAMI AVE 33127, MIAMI, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AGENT AMBR	VALENTINA IMBRENDA	3500 NORTH MIAMI AVENUE 33127, MIAMI, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	NONNA BEPPA HOSPITALITY GROUP	3500 NORTH MIAMI AVENUE 33127, MIAMI, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[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)

Filing Fee: \$25.00