

L19 0000 78224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

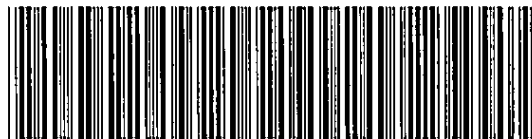
(Business Entity Name)

(Document Number)

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*Amend*

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations** #

SUBJECT: BERKLEY LUXURY PROPERTIES 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:

ROSARIA GISMONDI

Name of Person

BERKLEY LUXURY PROPERTIES

Firm/Company

6750 N FEDERAL HIGHWAY

Address

BOCA RATON, FL 33487

City/State and Zip Code

ROSARIACG@AOL.COM

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

ROSARIA GISMONDI at 561 2719635  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 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**

BERKLEY LUXURY PROPERTIES 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 03/20/2019 and assigned  
Florida document number L19000078224.

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: MARCO CAPOCCIA

New Registered Office Address: 101 PLAZA REAL S. SUITE 228  
Enter Florida street address

BOCA RATON, Florida 33432  
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.*

  
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>                      |
|--------------|------------------|---|--|
| MGR          | ROSARIA GISMONDI | 623 PELICAN WAY, DELRAY BEACH, FL 33483     | <input type="checkbox"/> Add               |
|              |                  |   | <input checked="" type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Change            |
| P            | LUIGI DEMARCO    | 879 DOVER STREET, BOCA RATON, FL 33487      | <input type="checkbox"/> Add               |
|              |                  |   | <input checked="" type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Change            |
| MGR          | MARCO CAPOCCIA   | 6750N FEDERAL HIGHWAY, BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Add    |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |
|              |                  |   | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |
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|              |                  |   | <input type="checkbox"/> Change            |
|              |                  |   | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4-11-19                     

Typed or printed name of signee