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SEP 10 2013
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILK AND HONEY1 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:

BIANCA SONNINO

Name of Person

Firm/Company

2001 MERIDIAN AVE # 523

Address

MIAMI BEACH 33139

City/State and Zip Code

bsonnino@sbaccounting.net

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

For further information concerning this matter, please call:

305 5706917

at ()

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/COURIER ADDRESS:

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

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

MILK AND HONEY1 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 04/24/2019 and assigned
Florida document number 119000112197.

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:

3353 Captains Cove, Naples, FL 34112

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK (P.M.) OF STATE
OFFICE OF REVENUE
TALLAHASSEE, FLORIDA

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:

GALLONE SERGIO

New Registered Office Address:

C/O JAS C LLC 521 Alton Road #380

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.


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	GALLONE, SERGIO	C/O JAS C LLC	<input type="checkbox"/> Add
		521 Alton Road #380	
		Miami Beach FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DEL BARONE, CINZIA	C/O JAS C LLC	<input type="checkbox"/> Add
		521 Alton Road #380	
		Miami Beach FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ASTOLFI, ANTHONY		<input type="checkbox"/> Add
		4251 SW 32ND STREET WEST PARK , FL 33023	<input checked="" 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

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FALL AIRBASEC FLORIDA

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SEBASTIAN COUNTY
CLERK OF COURT

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 08.27.2019

Signature of a member or authorized representative of a member

SERGIO GALLONE

Typed or printed name of signee