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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
	Giovanni B	each, LLC				
SUBJI	ECT:					
		Name of Lim	ited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		Yanina Miculitzki, Esq				
		·	Name of Person			
		Yanina Miculitzki, P.A.				
			Firm/Company			
		2999 N.E. 191 ST. Suite 403				
			Address			
		Aventura, fl, 33180				
			City/State and Zip Code			
	yanina@miculitzkilaw.com  E-mail address: (to be used for future annual report notification)					
F E	ation in Commission		·	ication)		
	aner information co na Miculitzki, Esq	ncerning this matter, please ca	att: 786 3615567			
	in meunizm, rasq		_ at ( )			
	Name of	Person		: Telephone Number		
Enclos	ed is a check for the	e following amount:				
<b>■</b> \$2	5.00 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:

TO:

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

# TO ARTICLES OF ORGANIZATION OF

GIOVANNI BEACH, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) uted Liability Company)	·
he Articles of Organization for this Limited Liability Completion of L19000170357  lorida document number	pany were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere egistered agent and/or the new registered office address	ed office address on our records, <u>er</u> <u>here</u> :	2019 SEP -9 AN 6 of 28 SESSION OF STATE AND A SESSION OF STREET DRIVE.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer riorida mrees daaress	
	, Florida	
	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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MAR.	ALEJANDRO LUIS AVILA	904 Stillwater CT, Weston, FL, 33327	
10/01		-	
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ffective date,	, if other than the	date of filing:		5)' d	(optional)	) ) Pursuant to 605.0207 (
Note: If the dat	te inserted in this b	lock does not meet the lepartment of State's	e applicable statu	tory filing requ	rements, this date	will not be listed as t
e record spe The 90th d	ecifies a delaye ay after the rec	d effective date, ord is filed.	but not an eff	ective time,	at 12:01 a.m.	on the earlier of:
Dated	27					
	A.					
		Signature of a membe	r or authorized repr	esentative of a m	ember	
BNI	RIQUE BERARDI		ı		•	
	<del>\</del>	Typeo	or printed name of	signee		

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Filing Fee: \$25.00