19000297779

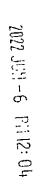
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

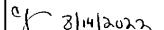
Office Use Only



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COVER LETTER

TO: Registration S Division of Co		•	1
SUBJECT:	SARDINIA I	TARBOUR HOUSE LLC	•
	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	_	
		ANTONIO GALLO	
		Name of Person	
	SAR	DINIA HARBOUR HOUSE LLC	
		Firm/Company	<u>-</u>
		1815 PURDY AVENUE	
		Address	
	M	IIAMI BEACH, FL 33139	
		City/State and Zip Code	
		D@SARDINIA-RISTORANTE.CC	
For further information of	concerning this matter, please ca	•	ication)
ANTONIC		305 582-2467	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JULY -6 PY112: 04

	SARDINIA HARBOUR HOUSE L		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited library Elorida document number L19000297779	Liability Company were filed on $\frac{1}{2}$	2/05/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	re:	
The new name must be distinguishable and contain the	words "Limited Liability Company." the d	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our ress here:	cords, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:	ANTONIO GALLO		***
New Registered Office Address:	1815 PURDY AVENUE		
	Enter Flori	da 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>	Address	Type of Action
MGR	PIETRO VARDEU	1815 PURDY AVENUE	□ Add
		MIAMI BEACH, FL 33139	70
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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ee	
<u> </u>	e date, if other than the date of filing:
record is file	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
ated _	06/01/22
	rignature of a member or authorized representative of a member
	ANTONIO GALLO