

L21 000055535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

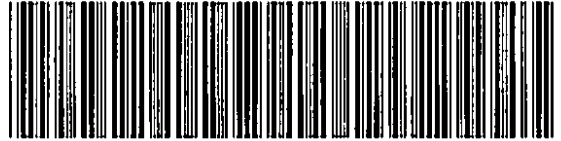
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN -1 PM 4:18

May 13, 2021

MARCELA INVERNIZZI
5401 COLLINS AVE #1512
MIAMI BEACH, FL 33140

SUBJECT: FARAFEMONA LLC
Ref. Number: L21000055535

We have received your document for FARAFEMONA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Terri J Schroeder
Supervisor

Letter Number: 521A00010079

2021 JUN -1 PM 4:13

521A00010079

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FARAFEMONA 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:

MARCELA INVERNIZZI
Name of Person
FARAFEMONA LLC.
Firm/Company
5401 COLLINS AVE #1512
Address
MIAMI BEACH. 33140. FL.
City/State and Zip Code
invernizzi-marcela@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELA INVERNIZZI at (305) 8963728
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

TARAFEMONA 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 _____ and assigned
Florida document number _____.

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)

5401 Collins Ave #1429
MIAMI BEACH, FL. 33140.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5401 COLLINS AVE # 413
MIAMI BEACH - FL. 33140.

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: _____

New Registered Office Address: _____

Enter Florida street address

City

Florida

2021

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 MGR	MEDINA, MARIO RAUL	5401 Collins Ave. Apt 1512	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LA MASTRA, MONICA CORACIELA	5401 COLLINS AVE. APT 1512	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL. 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEDINA, FEDERICO EMILIO	5401 COLLINS AVE. APT 1512	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL. 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEDINA, FAWNDO RAUL	5401 COLLINS AVE. APT. 1512	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[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)

If the record 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 record is filed.

[Dated

02/16/2021

Mancala Invernizzi - Authorized Representative
Typed or printed name of signer

Typed or printed name of signee