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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

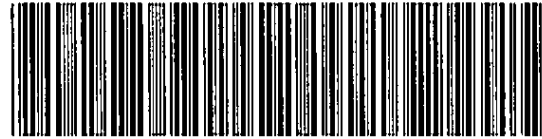
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMALFI STONE 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:

GIANFRANCO MAURIZIANO

Name of Person

AMALFI STONE LLC

Firm/Company

4300 BISCAYNE BOULEVARD SUITE 203

Address

MIAMI FL 33166

City/State and Zip Code

gianfranco@yamaimport.cl

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

For further information concerning this matter, please call:

Arturo Fasani

305

619-1317

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 Address:

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

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

AMALFI STONE 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 121000518789.

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 "L.L.C." 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:

New Registered Office Address:

Enter Florida street address

Florida

City

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	MARUZIANO, GIANFRANCO	4300 BISCAYNE BOULEVARD	☐ Add
		SUITE 203	☒ Remove
		MIAMI, FL 33166	☐ Change
AMBR	MAURIZIANO, GIANFRANCO	4300 BISCAYNE BOULEVARD	☒ Add
		SUITE 203	☐ Remove
		MIAMI, FL 33166	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The last name of Mr. Mauriziano had a typo.

The position of Mr. Mauriziano is AMBR as only owner of the company.

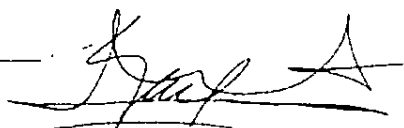
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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

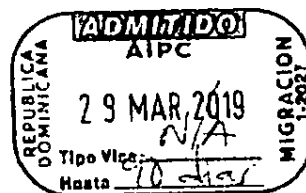
Dated January 14th 2022



Signature of a member or authorized representative of a member

GIANFRANCO MAURIZIANO

Typed or printed name of signee



VISA

REPÚBLICA DE CHILE



NUMERO PASAPORTE: 241204124

F29754448

FECHA DE VENCIMIENTO DATE OF EXPIRY
21 FEB 2024

AUTORIDAD EMISORA ISSUE AUTHORITY
Servicio de Registro Civil
e Identificación



P<CHLMAURIZIANO<APOLITO<<GIANFRANCO<<<<<<<<<

F297544486CHL6310194M24022177108520<1<<<<<60