

L24 000 312 846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

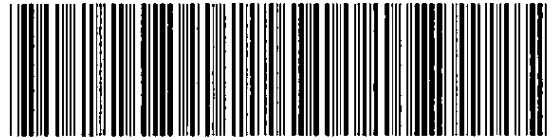
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600435080626

09/21/24--01013--011 \*\*60.00

24/09/21 10:07

*Linda C. Williams, CPA, P. L.*  
*Certified Public Accountant*

---

August 15, 2024

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE:      Finest Investment Group LLC  
Florida Document number:      L24000312846

Dear Florida Department of State:

Please find enclosed the Articles of Amendment to Articles of Organization of Finest Investment Group LLC. Complete document is relative to the addition of a new Manager as an Authorized Person to manage the above Named LLC.

Payment of \$60.00 for the Filing Fee, Certified copy and Certificate of Status is attached.

Thank you for your prompt attention to this change. If any questions, please contact me by telephone or email.

Sincerely,

*Linda C. Williams*

Linda C. Williams

Cc: Mr. Salvatore Samperi  
Ms. Rosanna Scaccia

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FINEST INVESTMENT GROUP 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:

ROSANNA SCACCIA

\_\_\_\_\_  
Name of Person

FINEST INVESTMENT GROUP LLC

\_\_\_\_\_  
Firm/Company

3046 SOUTH PENINSULA DRIVE

\_\_\_\_\_  
Address

DAYTONA BEACH, FL 32118

\_\_\_\_\_  
City/State and Zip Code

samperi66@gmail.com

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

For further information concerning this matter, please call:

LINDA C WILLIAMS CPA

386

763-5600

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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**

FINEST INVESTMENT GROUP 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 JULY 16, 2024 and assigned  
Florida document number 1,24000312846.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

N/A

(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:

N/A

New Registered Office Address:

*Enter Florida street address*

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.*

**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**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 AUGUST 15 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee