

(((H240003782513)))



H240003782513ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

 -		(,0
740		
To:		
	Division of Corporations	· . '
	Fax Number : (850)617-6383	:=:;
		2.5
From:		<u>ី</u> នៃ ខ
. , 5,	Account Name : COMPUTERSHARE	[7] · · · ·
		, ''o
	Account Number : 110432003053	 -1,‡1
	Phone : (561)694-8107	r- iii
	Fax Number : (561)214-8442	1:1

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						
-------	----------	--	--	--	--	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW NIDIOLA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

NOV 1 5 2324

Electronic Filing Menu

Corporate Filing Menu

Help

 Θ 11/14/2024 5:24 AM , 15612148442 \rightarrow 18506176383 pg 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW NIDIOLA LLC		
(<u>Name of the Limited Liabllit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/31/2024	and assigned
Florida document number L24000462261	_ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		NOV T
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the</u>	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	
<u></u>	, Florida	
	City	Zip Code
New Degistered Agent's Signature If shanging Degistered	A quat:	

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 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	EDOARDO MATTIA CORVI MORA	115 VENETIAN WAY DILIDO IS	□Add
		MIAMI BEACH, FL 33139	□ Remove
Secretary	GIOVANNI TOSI	115 VENETIAN WAY DILIDO IS	= Add
		MIAMI BEACH, FL 33139	2025 NOV
MBR	MADDALENA MARIA LAURA CORVI MORA	115 VENETIAN WAY DILIDO IS	
		MIAMI BEACH, FL 33139	TATE OF SOME
			□Change
MBR	MARIA OTTAVIA CORVI MORA	115 VENETIAN WAY DILIDO IS	□Add
		MIAMI BEACH, FL 33139	Remove
			DChange
MBR	CORVI MORA, MAURIZIO	H5 VENETIAN WAY DILIDO IS	
		MIAMI BEACH, FL 33139	=Remove
			☐ Change
MBR	BERNARDA MALUGANI, MARI	115 VENETIAN WAY DILIDO IS	🗆 Add
		MIAMI BEACH, FL 33139	≣ Кепюус
			□Change

). If amending any other inform			ĺ	. /	
			<u></u>		
		· · · · · · · · · · · · · · · · · · ·			
<u> </u>					
					
					
					_
				0.53	3 0 7 1.
					2 00
		·-		••	-
· · · · ·					PX
				()	- -: -: -:
·				re re	0

			· ···		
Effective date, if other than th	e date of filing:		(optiona	l)	
(If an effective date is listed, the date m Note: If the date inserted in this I document's effective date on the I	block does not meet the app	licable statutory filing	e than 90 days after filir requirements, this da	ig.) Pursuant to 605, te will not be liste	0207 (3)(d as the
he record specifies a delayed effecti ord is filed.	ve date, but not an effectiv	e time, at 12:01 a.m. or	the earlier of: (b)	Fhe 90th day after	the
Dated November 5	2024				
		·			
	Signature of a metaber or as	′ \			

Filing Fee: \$25.00

Typed or printed name of signee