

M120000004677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

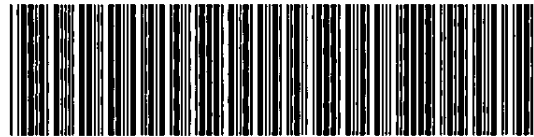
(Business Entity Name)

(Document Number)

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

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FILED  
17 APR 24 AM 10:23  
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APR 26 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2017

BEATRICE FASANI, ESQ  
1000 5TH ST, STE 229  
MIAMI BEACH, FL 33139

SUBJECT: MAGLIFICIO GOTTARDI S.R.L. LLC  
Ref. Number: M12000004677

We have received your document for MAGLIFICIO GOTTARDI S.R.L. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 217A00006740

RECEIVED  
2017 APR 24 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maglificio Gottardi SRL, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatrice Bianchi Fasani  
Name of Person

Bianchi Fasani & Fantacci Law, PA  
Firm/Company

1000 5th Street, Suite 229,  
Address

Miami Beach, FL, 33139  
City/State and Zip Code

bbianchi@bfflegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatrice Bianchi Fasani at ( 786 ) 456-4759  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Maglificio Gottardi S.R.L. LLC

Enter new principal office address, if applicable: 1000 5th Street, Suite 229,

(Principal office address  
MUST BE A STREET ADDRESS) Miami Beach, FL, 33139

Enter new mailing address, if applicable: 1000 5th Street, Suite 229,

(Mailing address  
MAY BE A POST OFFICE BOX) Miami Beach, FL, 33139

2. The Florida document number of this limited liability company is: M12000004677

3. Jurisdiction of its organization: Italy

4. Date authorized to do business in Florida: 08/16/2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: NO CHANGE  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Blanchi Fasani & Fantacchi Law, PA

New Registered Office Address: 1000 5th Street, Suite 229  
Enter Florida 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.*

Blanchi Fasani  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

NO CHANGE

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>GOTTARDI, ROBERTO</u>	<u>3370 Mary Street</u> <u>Miami, FL 33133</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>GOTTARDI, GIANPAOLO</u>	<u>1000 5th Street, Suite 229,</u> <u>CHG</u> <u>Miami Beach, FL, 33139</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Gianpaolo Gottardi

Typed or printed name of signee

Filing Fee: \$25.00