

M19 000003826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

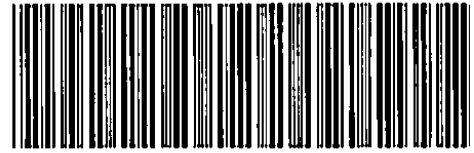
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/19--01030--029

OCT 08 2019
S. YOUNG

CINOTTI | GALGANO

MIAMI

ATTORNEYS-AT-LAW

66 W. FLAGLER STREET, SUITE 1002

MIAMI, FL 33130

WWW.CINOTTIGALGANO.COM

September 16, 2019

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

Re: Amendment to Statement of Authority by foreign LLC
VISIONNAIRE LIFESTYLE LLC – Florida ID# M19000003826

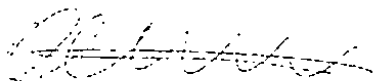
Dear Sir or Madam:

I enclose Form CR2E055 with a check for \$25 for an amendment to the Statement of Authority for VISIONNAIRE LIFESTYLE LLC, a Delaware Limited liability company authorized to do business in Florida. The Amendment has been duly executed by Filippo Cinotti, as Secretary of Visionnaire USA INC, the sole Manager of the above company.

The Amendment adds Alessandro Saponaro as an authorized representative to VISIONNAIRE LIFESTYLE LLC.

Please contact the undersigned if you need additional information at 786-577-2291.

Regards



Alessandra Piras, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISIONNAIRE LIFESTYLE 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:

Alessandra Piras, Esq.

Name of Person

Cinotti Galgano

Firm/Company

66 W Flagler Street #1002

Address

Miami, FL 33130

City/State and Zip Code

apiras@cinottigalgano.com

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

For further information concerning this matter, please call:

Alessandra Piras

Name of Person

at (786) 577-2291

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
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSAC
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: VISIONNAIRE LIFESTYLE LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M19000003826

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/12/2019

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

5. New name of the limited liability company: _____
(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 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: _____

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 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

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

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

Title/ Capacity

Name

Address

Type of

AR

Alessandro Saponaro

2063 Biscayne Blvd, C-101/C-301, Miami, FL 33137



_____ ☐

_____ ☐ A

_____ ☐ R

_____ ☐ A

_____ ☐ R

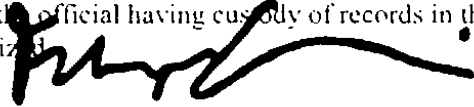
_____ ☐ Ad

_____ ☐ R

_____ ☐ Ad

_____ ☐ R

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

Filippo Cinotti, Secretary of Visionnaire USA Inc, Sole Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISIONNAIRE LIFESTYLE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISIONNAIRE LIFESTYLE LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2019

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

7327851 8300

SR# 20192677505

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 20260

Date: 04-