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T. CLINE

FEB 29 2012

EXAMINER

LAW OFFICES  
**BOUTWELL & CONNICK**  
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS  
POST OFFICE BOX 1186  
411 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FLORIDA 33441

ROBERT E. BOUTWELL, P.A.  
A. THOMAS CONNICK, P.A.

TELEPHONE: 954-428-0300  
FAX: 954-428-6506  
tomconnick@gmail.com

February 27, 2012

**Federal Express**

Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301

**Re: Articles of Amendment  
SANLORENZO OF THE AMERICAS, LLC  
Florida Document No: L08000075263**

Gentlemen:

Enclosed please find the following:

1. My check in the amount of \$30.00 made payable to Florida Department of State.
2. Articles of Amendment of Sanlorenzo of the Americas, LLC.

Thank you for your attention to this matter.

Sincerely,



A. THOMAS CONNICK

ATC/law  
Enclosures

cc: client

2012 FEB 28 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SANLORENZO OF THE AMERICAS, 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:

**GEORGE JOUSMA**  
Name of Person

**SANLORENZO OF THE AMERICAS, LLC**  
Firm/Company

**1515 SE 17TH STREET, SUITE 125**  
Address

**FT LAUDERDALE, FLORIDA 33316**  
City/State and Zip Code

**GEORGE@SANLORENZOAMERICAS.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**FRANCES BROWN** at ( **954** ) **376-4794**  
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

SANLORENZO OF THE AMERICAS, 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 08/05/2008 and assigned Florida document number L08000075263.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

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

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN MARTIN	1515 SE 17TH STREET SUITE 125 FORT LAUDERDALE, FLORIDA 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	MASSIMO PEROTTI	1515 SE 17TH STREET SUITE 125 FORT LAUDERDALE, FLORIDA 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	RANDOLPH COLEMAN	1515 SE 17TH STREET SUITE 125 FORT LAUDERDALE, FLORIDA 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	GEORGE JOUSMA	1515 SE 17TH STREET SUITE 125 FORT LAUDERDALE, FLORIDA 33316	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2012 FEB 28 PM 5:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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Dated FEBRUARY 25, 2012

Signature of a member or authorized representative of a member

**GEORGE JOUSMA, MGRM**  
Typed or printed name of signee