

**L10000087327**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**K. SALY**

**NOV - 8 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Villa Pamela Partners, L.L.C

\_\_\_\_\_  
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:

Pamela Epifano

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

Villa Pamela Partners, L.L.C

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

136 11th Street

\_\_\_\_\_  
Address

Piscataway, NJ 08854

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

pepifano@gmail.com

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

For further information concerning this matter, please call:

Pamela Epifano

908 304-4180  
at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	David Frizell	450 Main Street	<input type="checkbox"/> Add
		Metuchen, NJ 08840	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pamela Epifano	136 11th Street	<input checked="" type="checkbox"/> Add
		Piscataway, NJ 08854	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert Epifano Jr.	136 11th Street	<input checked="" type="checkbox"/> Add
		Piscataway, NJ 08854	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Pamela E. [unclear] member

Signature of a member or authorized representative of a member

Typed or printed name of signee