# L12000087011

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B. BOSTICK
DEC 31 2013
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PERONE 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:
JOHNBROGES ESP Name of Person  JOHNBROGES P. A.  Firm/Company  5521 N-UNIVERSITY DR # 104  Address  Coal Saires J. 33067  City/State and Zip Code  JBROGENSPA & VAHGO. CON  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHNB Rogers Esq. at 954 752 9198  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Scriffied Copy (cartified 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

PAPERONE LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on a Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan	ŧ		nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Company," (	the designation "LLC" o	or the abbreviation
Enter new principal offices address, if applicable:		***	<b>№</b> 3
(Principal office address MUST BE A STREET ADDRESS)		= -	CLAT.
			F
		<i>J.</i>	(A)
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)		, · C	rsi -
			(C)
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		records, enter the na	ame of the nev
Name of New Registered Agent:			
New Registered Office Address:	Entay F.	lorida street address	
	Enter F	orian street anatess	
	City	, Florida	Code
	CIIV	ZII	Coae

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager ·

MGRM = Managing Member Type of Action <u>Title</u> **Address** Name . DAVIELA CAMERAUS 1800 FURDY AVE 7/1907 Add MGRM Miami Beach, JL. 33139 Remove MERM ROCCO RUTIGLIANI 335 Occas Daire # 300 MiAMI BOACH, JL 33139 Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PAOLA ALITTA 100% OWNERSHIP OF LLC
FROM THIS DATE.
Dated October 3), 2013
Dhicle Coppede
Signature of a member or authorized representative of a member
Daviela (Amerano
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00