

LI5000040233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

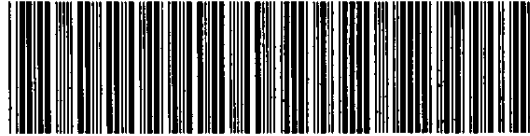
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 24 2016

DELOACH & PETERSON, PLLC

ATTORNEYS AT LAW

418 CANAL STREET
POST OFFICE BOX 428
NEW SMYRNA BEACH, FL 32170
(386) 428-2464
FAX (386) 423-9967

June 17, 2016

J. BOYD DELOACH
SID C. PETERSON II
PHILIP B. PETERSON
JAMES C. PETERSON
MATTHEW E. PETERSON

JAMES R. PROVENCHER
OF COUNSEL



FLORIDA DEPARTMENT OF STATE

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

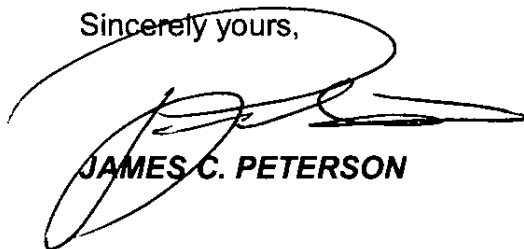
Re: 152 W Corbin, LLC
Document Number L15000040233

Dear Sirs:

Enclosed please find Articles of Amendment concerning address changes, along with this firm's check in the amount of \$25.00 for such change.

Please return verification of said changes.

Sincerely yours,



JAMES C. PETERSON

JCP/cmr
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 152 W CORBIN, 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:

JAMES C. PETERSON

Name of Person

DeLOACH & PETERSON, PLLC

Firm/Company

418 Canal Street

Address

New Smyrna Beach, Florida 32168

City/State and Zip Code

Cremington@418canal.com

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

For further information concerning this matter, please call:

VINCENZO CAPUANO

386 847-0167
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

152 W CORBIN, 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 March 4, 2015 and assigned Florida document number L15000040233.

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

Enter new principal offices address, if applicable:

176 Corbin Park Road

(Principal office address MUST BE A STREET ADDRESS)

New Smyrna Beach, Florida 32168

Enter new mailing address, if applicable:

1105 S. Atlantic Avenue, Apt. 3

(Mailing address MAY BE A POST OFFICE BOX)

New Smyrna Beach, Florida 32169

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: _____

176 Corbin Park Road

Enter Florida street address

New Smyrna Beach

, Florida 32168

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.

If Changing Registered Agent, Signature of New Registered Agent

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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	VINCENZO CAPUANO	1105 S. Atlantic Avenue, Apt. 3	<input type="checkbox"/> Add
		New Smyrna Beach	<input type="checkbox"/> Remove
		Florida 32169	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 06 15 16, _____

Handwritten signature of Vincenzo Capuano

Signature of a member or authorized representative of a member

VINCENZO CAPUANO

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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