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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Rizzo Pacifi	c, LLC		
Sebulet.	. , ,			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Richard D. Cimino, Esq.		
Name of Person				
Richard D. Cimino, P.A.				
Firm/Company				
7935 Airport Pulling Road N., Suite 215				
			Address	
		Naples, FL 34109		
			City/State and Zip Code	
		dick@rcimino.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For further in	formation co	ncerning this matter, please ca	all:	
Richard D. C	Cimino		239 254-0847	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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)

TO:

Registration Section

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**

Rizzo Pacific, LLC	ny as it now appears on our race	ards)
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)	<u>)/us.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L16000229333	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the decignation "I	LC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	3059 Hudson Terrace	EC of the appreviation E.E.C.
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34119	88 0 1
Enter new mailing address, if applicable:	3059 Hudson Terrace	RY OF STATE
Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34119	I: Oq ORIDA
		<u> </u>
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		rds, enter the name of th
New Project of Office Address		•
New Registered Office Address:	Enter Florida street add	ress
	1	Florida
	City	Zip Code

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

If amending or removed	g Authorized Person(s) authorized to a from our records:	manage, <u>enter the title, name, an</u>	d address of each person being added
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective d	late, if other tha	n the date of filin	g:		(option:	al)	
fan effective <u>Note:</u> If the	e date is listed, the date inserted in	ate must be specific and this block does not r	d cannot be prior to one the cannot be applicable	late of filing or more than e statutory filing requi	1 90 days after fili rements, this da	ng.) Pursuant t	o 605.020 e listed a
locument's	effective date on	the Department of S	State's records.				
e record	specifies a de	laved effective o	date, but not a	n effective time,	at 12:01 a.n	n, on the e	arlier o
The 90t	h day after the	e record is filed.	,	,			
Dated	Verema	in 2.7	2016				
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