

L18000055907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

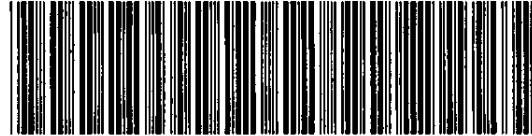
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 19 2018
J. HARRIS

JONESFOSTER

JOHNSTON & STUBBS, P.A.

Cynthia "Cindy" F. Skwierc, FRP
Paralegal
(561) 650-8241
Fax: (561) 650-5300
cskwierc@jonesfooster.com

March 16, 2018

Via FedEx

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 7095 Edison Place, LLC
Document No. L18000055907

Dear Sir or Madam:

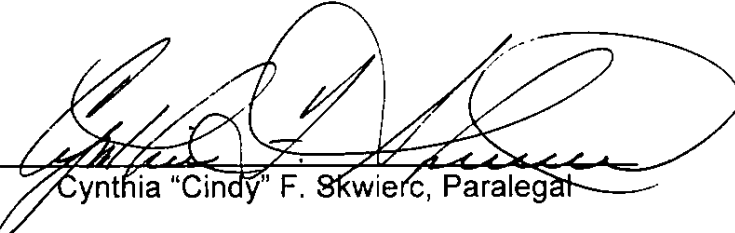
Enclosed please find Articles of Amendment to Articles of Organization for the above-referenced entity, together with this firm's check in the amount of \$25.00 in payment of the required filing fee. Please file the enclosed Amendment in the Division's records as soon as possible.

Should you have any questions regarding the enclosed, please don't hesitate to contact me.

Sincerely,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

By


Cynthia "Cindy" F. Skwierc, Paralegal

Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7095 EDISON PLACE, 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:

SCOTT L. MCMULLEN, ESQUIRE

Name of Person

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Firm/Company

4741 MILITARY TRAIL, SUITE 200

Address

JUPITER, FL 33458

City/State and Zip Code

JCARRABI@OPTONLINE.NET

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

For further information concerning this matter, please call:

SCOTT L. MCMULLEN, ESQUIRE

561 659-3000
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

7095 EDISON PLACE, 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 2, 2018 and assigned
Florida document number L18000055907.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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

City, **Florida** 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

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>
MBR	JOSEPH CARRABINO III TRUST OF 2012	92 ROSEBROOK ROAD	<input type="checkbox"/> Add
		NEW CANAAN, CT 06840	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	COURTNEY CARRABINO TRUST OF 2012	92 ROSEBROOK ROAD	<input type="checkbox"/> Add
		NEW CANAAN, CT 06840	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	WILLIAM CARRABINO TRUST OF 2012	92 ROSEBROOK ROAD	<input type="checkbox"/> Add
		NEW CANAAN, CT 06840	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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