L00000013049

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B. BOSTICK 0CT **16** 2012

EXAMINER

COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:				
SUBJECT.				
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	729 73			
	26 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	İ		
D 6 4 1 6 4		to be used for future annual report notifica	हैं ज	**
For further information of	concerning this matter, please of	call:	WAL	1
	topher Fillichio	** (22-7478 📜 ట్ల 🗺	7
Name o	of Person	Area Code & Daytime 1	22-7478 G G G G G G G G G G G G G G G G G G G	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS.		CTREET/COURSE	A ADADECC.	

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

F	illichio Hol	dings, LLC							
(<u>Name of the Limited I</u> (A F	iability Compar Iorida Limited L	ny as it now appears on our records.) iability Company)		_					
the Articles of Organization for this Limited Liability Company were filed on <u>October 25, 2000</u> and assigned lorida document number <u>L00000013049</u> .									
This amendment is submitted to amend the follow	ving:								
A. If amending name, <u>enter the new name of t</u>	the limited liab	ility company here:							
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the designation '	'LLC" or	the abl	 oreviation				
Enter new principal offices address, if applical	48 Southwest 10th Avenue		8	Res _i)					
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33486	22		Franchis Franchis A				
				က မ	Parised Parised				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		48 Southwest 10th Avenue	<u> </u>	Pro-Pro	<u>.</u>				
		Boca Raton, FL 33486	©#1 >	C+3					
B. If amending the registered agent and/or registered agent and/or the new registered offi		<u>e</u> :	the nam	ie of	the new				
New Registered Office Address:	48 Southwe	st 10th Avenue							
New Registered Office Address.	/ Enter Florida/street address								
	Boca Raton Florida 33486								
New Registered Agent's Signature, if changing Re	egistered Agent:	City	Zip (Code					
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this co	agent and ag oper and comp ered agent as egistered office hange.	lete performance/of my duties, and I provided for in Chapter 608, F.S. Or	am fami ; if this a imited lic	iliar w locum ability	ith and ent is				

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Address Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove □ Add Remove ___Add Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Signature of a member or authorized representative of a member

Typed or printed name of signee

Dated

Filing Fee: \$25.00