L02000017955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

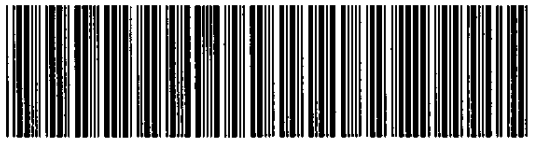
Special Instructions to Filing Officer:

A. LUNT

OCT 11 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Joseph A. LAROCCA

3617 NE 25th Avenue
Fort Lauderdale, Florida 33308
Telephone: 954-938-9094

October 5, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee. Florida 32314

Re: Change of LLC Name

To whom it may concern:

Please find enclosed paperwork in order to change an existing LLC name, (L & M Investments of Tallahassee, LLC) to a new name of **LAROCCA FAMILY, LLC**

All other information will stay the same. That is the addresses, registered agent, etc. I have enclosed a check in the amount of $60.00 for the filing fee, Certificate of Status & Certified Copy (additional copy enclosed).

If additional information or explanation is needed, please call me at 954-938-9094. Thank you in advance for your immediate attention to this matter.

Sincerely,

Joseph A. LaRocca
JAL/lma
Enc.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LAROCCA FAMILY, 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:

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TALLAHASSEE, FLORIDA

Joseph A. LaRocca
Name of Person

Firm/Company

3617 NE 25th Avenue
Address

Fort Lauderdale, Florida 33308
City/State and Zip Code

larocca@adamslarocca.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph A. LaRocca at (954) 938-9094
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

L & M Investments of Tallahassee, 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 July 16, 2002 and assigned Florida document number L02000017955.

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LAROCCA FAMILY, LLC

The new name must be distinguishable and end with 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)

3617 NE 25th Avenue
Fort Lauderdale, Florida 33308

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

same

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: Joseph A. LaRocca (same)

New Registered Office Address: 3617 NE 25th Avenue
Enter Florida street address

Fort Lauderdale, **Florida** 33308
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 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.

(SAME)
If Changing Registered Agent, Signature of New Registered Agent

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	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

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

Dated October 5, 2010.

Signature of a member or authorized representative of a member

Joseph A. LaRocca
Typed or printed name of signee

Filing Fee: $25.00