

LO4000074387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

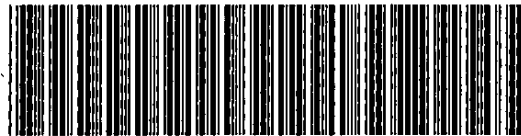
(Document Number)

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Special Instructions to Filing Officer:

*Angela* ~~NAME~~  
AUTHORIZATION BY PHONE TO  
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DATE *9/18/06*  
LOC FYA00 *Uelt*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. Tadlock SEP 18 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCHIAPPA CAFFE DELL' ARTIST, 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:

ANGELA SCHIAPPA

(Name of Person)

SCHIAPPA CAFFE DELL' ARTIST, LLC

(Firm/Company)

306 ORANGE STREET

(Address)

OZONA, FL 34660

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA SCHIAPPA

(Name of Person)

at ( 813 )

900-0987

(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**

SCHIAPPA CAFFE DELL' ARTIST, LLC

(Present Name)  
(A Florida Limited Liability Company)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FIRST:** The Articles of Organization were filed on OCTOBER 13, 2004 and assigned document number L04000074387.

**SECOND:** This amendment is submitted to amend the following:

ARTICLE III - REGISTERED AGENT - AMENDED

ANGELA SCHIAPPA - 9015 BANA VILLA CT, TAMPA, FL 33635

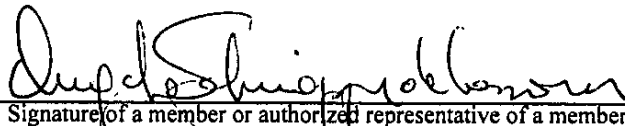
ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S) -AMEND

MGR - ANGELA SCHIAPPA - 9015 BANA VILLA CT, TAMPA, FL 33635

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY - AMENDED

SCHIAPPA CAFFE DELL' ARTIST, LLC

Dated Sep -10, 06.

  
Signature of a member or authorized representative of a member

ANGELA SCHIAPPA DE GAZABON  
Typed or printed name of signee

Filing Fee: \$25.00

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.F..

  
Registered Agent's Signature

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DIVISION OF CORPORATIONS  
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