05000068737

(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:					
·					

Office Use Only



400171973244

03/19/10--01010--021 **25.00

T. HAMPTON MAR 2 2 2010

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Leo (Corradi, LLC			
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
		Leo Corradi			
		Name of Person			
	Firm/Company				
	40 Seagate Drive, Condo 904				
		Address			
	Naples, Florida 34103 City/State and Zip Code				
	E-mail address: (to be used for future annual rep	port notification)		
For further information	concerning this matter, please o	call:			
	er T. Flood, Esq	at (_239_)	263-2177		
Name	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	centificate of Status & Certified Copy (additional copy is enclosed)		
4 MAII	LING ADDRESS: tration Section	STREET/G Registration	COURIER ADDRESS:		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			

Tallahassee, FL 32314

TO:

Registration Section

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Leo Corradi, LLC				
(Name of the Limited	d Liability Company as it now appear A Florida Limited Liability Company)	irs on our records.)			
The Articles of Organization for this Limited L	iability Company were filed on	7/12/2005	and assigned		
Florida document numberL0500006	8737				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "Ll	C" or the abbreviation		
Enter new principal offices address, if applic	cable:		<u> </u>		
(Principal office address MUST BE A STREE	ET ADDRESS)		SE O		
	·		AA OR		
			3 FEE		
Enter new mailing address, if applicable:			3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
(Mailing address MAY BE A POST OFFICE		SS SS			
			riik Viik		
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, <u>enter th</u>	e name of the new		
registered agent and/or the new registered o	ince address here.				
Name of New Registered Agent:	Leo Corradi		 		
New Registered Office Address: 40 Seagate Drive, Condo 904					
•	Eı	iter Florida street addr	ess		
	Naples	, Florida	34103		
1	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Michael K. Corradi	740 West Street Naples, Florida 34108	Add ✓ Remove
<u>MGRM</u>	Leo Corradi	40 Seagate Drive Condo 904 Naples, Florida 34103	Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
 Dated		or authorized representative of a member	SECRETARY: OF STATE DIVISION OF CORPORATIONS 10 MAR 19 PH 12: 0:1
_	Typed o	Leo Corradi or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00