Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DUMITRU-FALTICENI, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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JUN 1 👎 2020

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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT		J-FALTICENI, LLC				
SUBJECT	· 	Name of Lin	nited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	indence concerning this matter	to the following:			
		Felix Mehler, Esq.				
			Name of Person			
		Dentons Cohen & Grigsby	P.C.			
			Firm/Company			
		9110 Strada Place, Suite 6	200			
		Address				
		Naples, FL 34108				
		City/State and Zip Code				
		felix.mehler@dentons.com				
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)		
Marlene N	farsh (412 297-4993 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$ 25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Addres		Street Address: Registration So	ection		
Registration Section Division of Corporations			Division of Corporations			
	O. Box 632		The Centre of	Tallahassee		
Ta	allahassee, I	-L 32314	2415 N. Monro	oe Street, Suite 810		

20 JUH -3 PH 3: 25

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUMITRU-FALTICENI, LLC		~ ?
(Name of the Limited Linh	ility Company as it now appears on our recida Limited Liability Company)	ords.)
(A FIOT	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on11/15/2006	and assigned,
Florida document number L06000110619		
		<u> </u>
This amendment is submitted to amend the following:		PH 3: 26
A. If amending name, enter the new name of the li	mited liability company here:	28
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		er the name of the new registered
N B 1000 414		
New Registered Office Address:	Enter Florida street ada	lress
**************************************		Florida
	Сіђ	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, agent as provided for in Chapter 60 red office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Registered Agent, Signatur	e 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>	Address	Type of Action
MGMR	ION DUMITRU	3800 MAJESTIC PALM WAY	□Add
		DELRAY BEACH, FL 33445	■ Remove
			□Change
AMBR	MARIANA P. FALTICENI	352 RIVER EDGE RD.	🗆 Add
		JUPITER, FL 33477	□ Remove
			■Change
			□Add
			□Remove
			Change
			□Add
			©Remove
		-	⊡Add
			□Remove
			Change
			☐Add
			□Remove
			□Change

Effective date, if other than the date of filing:	i.0207 (3)(ed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after cord is filed.	r the
Dated <u>CS 31</u> 2020	
Signature of a member or authorized representative of a member	
ION DUMITRU, MGMR Typed or printed name of signee	

Filing Fee: \$25.00