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T. BROWN

COVER LETTER

TO: Registration Section '
Division of Corporations

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CT. ABRUZZO INVESTMENTS, 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:

Roberto Foriere
Name of Person
Firm/Company
P.O. Box 210162
Address
Royal Palm Beach, FL 33421
City/State and Zip Code
foriereg@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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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

ABRUZZO INVESTMENTS, LLC.

ARTICLES OF	AMENDMENT O ORGANIZATION OF Inv as it now appears on our records.) Liability Company) were filed on January 12,2007 and assegged
ARTICLES OF C	DRGANIZATION 2. A.
•	OF Man In Inc.
ABRUZZO INVESTMENTS, LLC.	Million Phy.
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.)
	Claumity Company)
The Articles of Organization for this Limited Liability Company	were filed on January 12,2007 and assigned
Florida document number L0700005319	7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	1823 Waldorf Dr.
(Principal office address MUST BE A STREET ADDRESS)	Royal Palm Beach, FL 33411
	Royal Fall Deadl, FE 00411
Enter new mailing address, if applicable:	D.O. B 040400
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 210162
	Royal Palm Beach, FL 33421
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title **Address Type of Action** Name P.O. Box 30247 **AMBR** Dante Foriere Revocable Trust #1 Dated 01/24/14 Add 🗎 Palm Beach Gardens FL 33420 □ Remove P.O. Box 210162 Roberto Foriere MGR Royal Palm Beach FL 33421 □ Add ☐ Remove ☐ Add ☐ Remove □ Add _□ Remove _□ Remove

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fective date, if oth	er than the date of filing: (optional) e specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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ne date this document is	e specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State) 2014.
ne effective date must be the date this document is nated	e specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State) 2014.

Page 3 of 3

Filing Fee: \$25.00