

207000005319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

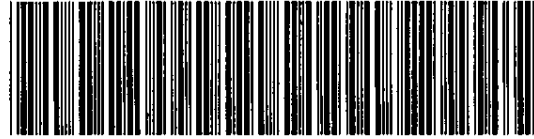
(Business Entity Name)

(Document Number)

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MAR 22 2018

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR 19 AM 11:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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

Abruzzo Investments, LLC
Firm/Company

1823 Waldock Dr.
Address

Royal Palm Beach FL 33411
City/State and Zip Code

forierega@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Coreta Foriere at (561) 667 7897
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Abruzzo Investments LLC

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Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dante Foriere	P.O. Box - 3024	<input type="checkbox"/> Add
	Revocable Trust #1	P.B.G FL-33420	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Greta Foriere	1823 Waldorf Dr.	<input type="checkbox"/> Add
		R.P.B FL-33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gino Foriere	1823 Waldorf Dr.	<input checked="" type="checkbox"/> Add
		R.P.B. FL-33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dante Foriere	1823 Waldorf Dr.	<input checked="" type="checkbox"/> Add
		R.P.B FL-33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 the record is filed.

Dated March 13th, 2018

Signature of a member or authorized representative of a member

Roberto Foriere
Typed or printed name of signee

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