

L07000085893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gagliano Holdings 2 LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John Gagliano

(Contact Person)

Gagliano Holdings 2 LLC

(Firm/Company)

1993 8TH ST S.

(Address)

NAPLES, FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

John Gagliano

(Name of Contact Person)

at (

239 770-3634
~~231 206-8888~~
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gagliano Holdings 2 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:

John Gagliano

Name of Person

Gagliano Holdings 2 LLC

Firm/Company

1993 8th Street S.

Address

Naples, FL 34102

City/State and Zip Code

john.gagliano@abminc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Gagliano

Name of Person

at (

239

) Area Code

770-3634
206-8990

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gagliano Holdings 2 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/21/2007 and assigned
Florida document number L07000085893.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1993 8th Street South

Naples, FL 34102

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John Gagliano

New Registered Office Address:

1993 8th Street South

Enter Florida street address

Naples

City

, Florida 34102

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.

Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

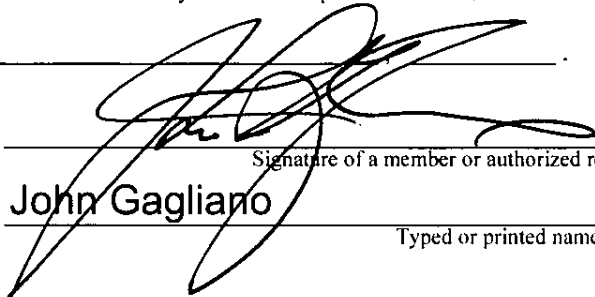
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Advanced Business Management, Inc.</u>	<u>29187 Gratiot Ave.</u>	<input type="checkbox"/> Add
		<u>Roseville, MI 48066</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Grace Lopez</u>	<u>54157 Queensborough Drive</u>	<input type="checkbox"/> Add
		<u>Shelby Twp., MI 48315</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Robert Gagliano</u>	<u>48390 Harbor Dr.</u>	<input type="checkbox"/> Add
		<u>Chesterfield, MI 48047</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Richard Gagliano</u>	<u>4961 Deer Creek Circle North</u>	<input type="checkbox"/> Add
		<u>Washington Twp., MI 48094</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Julie Gagliano</u>	<u>1993 8th Street South</u>	<input checked="" type="checkbox"/> Add
		<u>Naples, FL 34102</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

John Gagliano

Typed or printed name of signee

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Filing Fee: \$25.00

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15 MAY 10 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA