

L07000122575

(Requestor's Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

PICK-UP     WAIT     MAIL

06/07/13--01005--020    \*\*25.00

(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A

Office Use Only

JUN 12 2013

to: KOHR



B. KOHR

FILED  
13 JUN -7 PM 3:15  
RECEIVED  
CLERK'S OFFICE OF THE  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:      Registration Section  
                    Division of Corporations**

**SUBJECT:** FOZZLER 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:

Gia Gangemi Cinicillo  
Name of Person

Name of Person

Fozzler LLC

**Firm/Company**

1820 SW 67 AVE

---

### Address

Plantation FL 33317

**City/State and Zip Code**

Impact of e-mail on hotmail.com

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

For further information concerning this matter, please call:

٤٢١

Già Gangemi Ciniotto

at (954) 316-2037 954-4393 279

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:**

STREET/COURIER ADDR  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FOZZLER LLC

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

13 JUN - 7 PM 3:15  
FILED  
FLORIDA  
SHERIFF'S OFFICE  
FLORIDA  
13 JUN - 7 PM 3:15

The Articles of Organization for this Limited Liability Company were filed on 12/10/2007 and assigned  
Florida document number L 07000 122575.

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)*

---

---

**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: \_\_\_\_\_

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Deanna Aho	1534 OLD PLEASANT ST.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

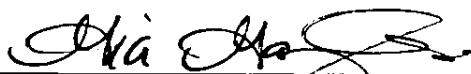
---

---

---

---

Dated 06.03.13



Signature of a member or authorized representative of a member

Gia Gangemi Cinicollo

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**