

LD8000003395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

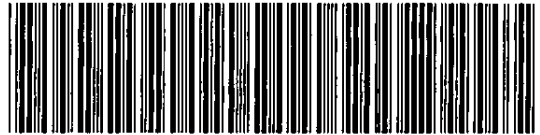
Special Instructions to Filing Officer:

L. SELLERS

AUG 27 2009

EXAMINER

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08/20/09--01007--014 **25.00

09 AUG 26 AM 12: 28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lanni & Compan 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:

Joshua M. Ouellette

Name of Person

Firm/Company

1817 Whitney Way Apt 201

Address

Winter Park FL 32792

City/State and Zip Code

PBMan63@hotmail.com

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

For further information concerning this matter, please call:

Joshua Ouellette

Name of Person

at (407) 733-2092

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**

Lanni + Company 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 1/10/08 and assigned
Florida document number LO8000003395

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 office address, if applicable:~~

(Principal office address MUST BE A STREET ADDRESS)

1817 Whitney Way Apt. 201

Winter Park, FL, 32792

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:~~

Joshua Ouellette

New Registered Office Address:

1817 Whitney Way Apt. 201

Enter Florida street address

Winter Park

Florida

City

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.

x Joshua Ouellette
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	Francesco R Lanni Jr	14415 AVALON RESERVE BLVD APT # 105 ORLANDO FL 32828	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joshua M. Ouellette	1817 whitney way #201 WINTER PARK, FL 32792	<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

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

Dated _____

Francesco R Lanni Jr.

Signature of a member or authorized representative of a member

FRANCESCO R. LANNI JR.

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA