# Florida Department of State

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAROL J. DEPASQUALE, LLC

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# **COVER LETTER**

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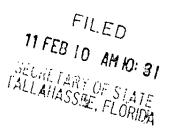
TO: Registration Section
Division of Corporations

| SUBJECT:                              | Carol J D                                       | ePasquale, LLC   |   |
|---------------------------------------|---|--|---|
| · · · · · · · · · · · · · · · · · · · | Name of Limi                                    | ted Liability Company  |   |
|                                       |   |  |   |
| The enclosed Articles of              | Arnendment and fee(s) are sub                   | mitted for filing.   |   |
| Please return all correspo            | ondence concerning this matter                  | to the following:  |   |
|                                       | 4   | Guy D Sperduto CPA   |   |
|                                       |   | Name of Person   | <del></del>   |
|                                       |   |  |   |
|                                       |   | Buy D Sperduto CPA   | ·· <u>·</u>   |
|                                       |   | Firm/Company   |   |
|                                       |   | 8963 Stirling Road   |   |
|                                       |   | Address  | ······································  |
|                                       | Ċ   | ooper City, F1. 33328  |   |
|                                       |   | City/State and Zip Cods  |   |
|                                       |   | ixscpas@aol.com  |   |
| •                                     | E-man address: (                                | to be used for haure annual report noutle                          | zatiou)   |
| For further information of            | concerning this matter, please of               | ail:   | •   |
| Gin [                                 | Sperduto CPA                                    | . 954  | 132-0272  |
|                                       | of Person                                       | Area Code & Daytime  |   |
|                                       |   |  |   |
| Enclosed is a check for t             | he following amount:                            |  | • .   |
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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 Tallahassen, FL 32301

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| ,                                      | Carol J. DePasquale  | , LLC                                 | ''Q'                      |
|--|--|---------------------------------------|---------------------------|
| (N                                     | one of the Limited Liability Company as it no<br>(A Florida Limited Liability Co | w appears on our records.)<br>impany) |                           |
| The Articles of Organization           | for this Limited Liability Company were filed                                    | ion 04/01/2008                        | and assigned              |
| Florida document number                | <u>L08000033328</u>  |                                       |                           |
| This amendment is submitted            | to amend the following:  |                                       |                           |
| A. If amending name, enter             | the new name of the limited liability comp                                       | pagy here:                            | •                         |
|  | Carol J Caputo, LLC  | <b>;</b>                              | •                         |
| The new name must be distingt "L.L.C." | Ishable and end with the words "Limited Liabili                                  | ty Company," the designation          | "LLC" or the abbreviation |
| Enter new principal offices            | address, if applicable:  |                                       |                           |
| (Principal office address MI           | IST BE A STREET ADDRESS)   |                                       |                           |
| Enter new mailing address,             |  |                                       |                           |
|  | tered agent and/or registered office addr<br>new registered office address here: | ess on our records, enter             | the name of the new       |
| Name of New Regi                       | stered Agent   |                                       |                           |
| New Registered Of                      | Sce Address:   |                                       |                           |
|  |  | Enter Florida street o                | ddress                    |
|  |  | , 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 Recistered Agent

Page 1 of 2

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If umending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Manager the Manager of Manager in Manag

|             | Name                                   | Address  | Type of Acti  |
|-------------|--|--|---------------|
|             |  |  | Add<br>Remove |
|             |  |  | Add<br>Remove |
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|             | ing any other information, enter chang | ge(s) beens. (Attach additional shoers, if necessary.) |               |
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