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**EXAMINER** 



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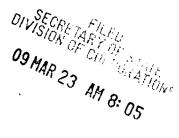
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## **COVER LETTER**

TO: , Registration So Division of Con			Ϊ.
SUBJECT: Bianchi	's LLC		
	<b></b>		
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sam J. Saad III		
		(Name of Person)	
	,	(Firm/Company)	
	1363 11th Court N		
		(Address)	
	Naples, FL 34102		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Sam Sad		at ( 239 <sub>)</sub> 784-5556	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
<b>☑</b> \$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		STREET/COURIER Registration Section Division of Corporation	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bianchi's, LLC			•
(Name of the Limite	ed Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited	Liability Compan	y were filed on 8/29/2008	and assigned
Florida document number L08000082949	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and end v "L.L.C."	vith the words "Lin	nited Liability Company," the designa	tion "LI.C" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			•
Enter new mailing address, if applicable:		N/A	THE M
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered	l/or registered o office address he	ffice address on our records, <u>e</u> re:	nter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		(Enter Florida stre	eet address)
		, Florie	da
		(Citv)	(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 **Type of Action Title Name Address** MGR · Christine Bianchi Rabil 469 Bayfront Place 7 Add Remove Naples, FL 34102 492 Fadi G. Rabil MRG 489 Bayfront Place ■ ✓ Add Naples, FL 34102 Remove ☐ Add Remove ☐ Add Remove **□** Add Remove | Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 16 2008 Signature of a member or authorized representative of a member Christine Bianchi-Rabil

Typed or printed name of signec

Page 2 of 2

Filing Fee: \$25.00