

LD8 000106841

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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T. CLINE

APR - 8 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Grease OSS Industry 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:

Ricardo Bellissimo  
(Name of Person)  
Grease OSS Industry LLC  
(Firm/Company)  
P.O. Box 121117  
(Address)  
W. Melbourne, FL 32912-1117  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Bellissimo at (321) 420-9183  
(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:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Grease Off Industry 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 Nov. 17, 2008 and assigned Florida document number L08000106841.

This amendment is submitted to amend the following:

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

Grease Off Industry II LLC

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)

950 Luminary Circle  
Melbourne FL 32901

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 121117  
W. Melbourne FL 32912-1117

**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:

Ricardo Bellissimo

New Registered Office Address:

950 Luminary Circle

(Enter Florida street address)

Melbourne

(City)

Florida

32901

(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.

Ricardo Bellissimo 4/2/09  
(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	Tricia Bellissimo	2817 42nd St SW Lehigh Acres FL 33976	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael Bellissimo	6644 Haven Avenue Cocoa FL 32927	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FRANK Bellissimo	2605 Revolution St #101 Melbourne FL 32935	<input type="checkbox"/> Add <input checked="" 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

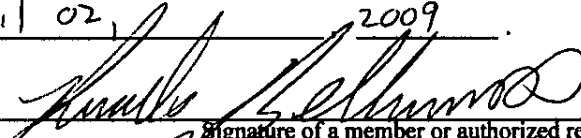
**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2009 APR -7 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated April 02, 2009



Signature of a member or authorized representative of a member

Ricardo Bellissimo

Typed or printed name of signee