## L08000113969

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SECRETARY OF STATIOH DIVISION OF CORPORATION

## **COVER LETTER**

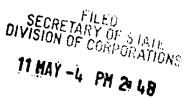
	Registration Section Division of Corpor		÷ .	
SUBJEC	CT:	Pezzano Plast	tering & Drywall, LLC	
		Name of Limi	ted Liability Company	
The encl	osed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please re	turn all corresponde	ence concerning this matter	to the following:	
	_		Vincent R Pezzano	
			Name of Person	
		Pezzan	o Plastering & Drywall LLC	
	•		Firm/Company	,
			7096 Trail Blvd	
	•		Address	<del>,</del>
			Naples FI 34108	
	-		City/State and Zip Code	
	_	vpez	zano@embarqmail.com	
		E-mail address: (1	to be used for future annual report notific	cation)
For furth	er information conc	erning this matter, please of	all:	
	Vincent	R Pezzano	at ( 239 )	4386181
	Name of Pe	rson	Area Code & Daytime	Telephone Number
Enclosed	l is a check for the f	ollowing amount:		
\$25.0	00 Filing Fee [	330.00 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:	STREET/COURIE	ER ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



Pezz	ano Plasterin	g & Drywall L	LC ;		
( <u>Name of the Limite</u> (	d <mark>Liability Comp</mark> ar A Florida Limited L	ny as it now appear liability Company)	s on our records.)		
The Articles of Organization for this Limited I Florida document numberL0800011		were filed on	12/12/2008	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	cable:	7096 Trail Bly	rd		
(Principal office address MUST BE A STRE	ET ADDRESS)	Naples FI 34108			
Enter new mailing address, if applicable:		7096 Trail Blv	'd	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		Naples FI 341	80		
B. If amending the registered agent and registered agent and/or the new registered of	•		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Vincent R Pezzano				
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 the Chapter 60%, 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

Page 1 of 2

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>	Type of Action
mgr	Vincent R Pezzano	7096 Trail Blvd Naples Fl 34108	✓ Add ☐ Remove
mgrm_	Sara B Pezzano	7096 Trail Blvd Naples Fl 34108	Add Remove
mgrm	Arlene D Pezzano	7096 Trail Blvd Naples Fl 34108	✓ Add Remove
<u>Mgrm</u>	Vincent Pezzano	7096 Trail Blvd Naples Fl 34108	Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CO
			OF STATE  RPORATIONS  PH 2: 18
Dated	Signature of a m	ember or authorized representative of a member	<u>-</u>
		Vincent R Pezzano Typed or printed name of signee	

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Filing Fee: \$25.00