## L08000116268

Office Use Only



200187734062

11/22/10--01006--006 \*\*25.00

SECRETARY OF STATION OF COMPONENTION

N. Cultigan DEC - 1 2010

## **COVER LETTER**

	Division of Corp	orations	, , , , , , , , , , , , , , , , , , ,				
SUBJE	CT:		unzio, LLC ted Liability Company				
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please r	return all correspon	dence concerning this matter	to the following:				
			Mark R Laflamme				
		Dr Nunzio LLC					
	Firm/Company .						
	8870 N Himes Ave Suite 617						
. •			Address				
		Tampa FL 33614					
		City/State and Zip Code					
		E-mail address: (	laflamme@lycos.com to be used for future annual report notifi	cation)			
For fur	ther information co	ncerning this matter, please of	all:				
		Laflamme, MD	at (	9603234			
	Name of	Person	Area Code & Daytime	: Telephone Number			
Enclose	ed is a check for the	e following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registra Division P.O. Bo	NG ADDRESS: tion Section to of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle			



November 23, 2010

MARK R. LAFLAMME 8870 N. HIMES AVENUE SUITE 617 TAMPA, FL 33614

SUBJECT: DR. NUNZIO, L.L.C. Ref. Number: L08000116268

We have received your document for DR. NUNZIO, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document was missing page (2) of the amendment form. This page is required even if no changes are being made.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

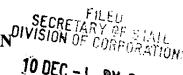
If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 710A00027502

## ARTICLES OF AMENDMENT

## TO SECRETA ARTICLES OF ORGANIZATION OF 10 pro



	rm 3: 18		
Dr Nunz			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
Ç			
The Articles of Organization for this Limited Liability Company	were filed on 12/22/2008 and assigned		
Florida document numberL08000116268			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	8870 N Himes Ave		
(Principal office address MUST BE A STREET ADDRESS)	Suite 617		
	Tampa, FL 33614		
El terror (Recoll) on te (Recoll)	0070 N. Llimon Avo		
Enter new mailing address, if applicable:	8870 N Himes Ave		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 617		
	Tampa, FL 33614		
B. If amending the registered agent and/or registered of			
registered agent and/or the new registered office address her	<u>'e:</u>		
Name of New Registered Agent:			
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 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 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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necess	eary.)
			SECRETALIVISION OF
  Dated		,	PH 3: 19
	Signature of a	a member or authorized representative of a member  RK R LATLAMK  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00