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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN 2 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Pino Gandolfo LLC					
_		Liability Company			
The enclosed	Articles of Amendment and fee(s) are subm	itted for filing.			
Please return a	all correspondence concerning this matter to	the following:			
	Ti	Thomas J Gandolfo			
		Name of Person			
		Firm/Company			
7367 Via Leonardo					
	Lake	Worth Florida 33467			
		City/State and Zip Code			
	E-mail address: (to b	stageez@live.com be used for future annual report notific	cation)		
For further infe	ormation concerning this matter, please call	:			
	Thomas J Gandolf	41 \	415-1309		
	Name of Person	Area Code & Daytime	Telephone Number		
Enclosed is a c	check for the following amount:				
\$25.00 File	ng 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/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pino Gandolfo	LLC			
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)			
The Articles of Organization for this Limited Liability Company were f	filed on March 27, 2009	and assigned		
Florida document numberL0900030883				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	mpany here:			
The new name must be distinguishable and end with the words "Limited Lia" "L.L.C."	bility Company," the designation "Ll	.C" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		9 2		
		20 135 1355 1355 1355 1355		
		25 25 2 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ldress on our records, <u>enter th</u>	e name of the new		
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas J Gandolfo	7367 Via Leonardo Lake Worth Florida 33467	Add Remove
MGR_	Joseph Gandolfo	7367 Via Leonardo Lake Worth Florida 33467	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)
			SECRETARY OF CORPC
Dated	June 21	2009	STATE ORATIONS
		Joseph Gandolfo Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00