## L09000075423

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SECRETARY OF STATE
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J. BRYAN

APR 22 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration : Division of Co	Section orporations			
SUBJECT:	Mos	scatos LCC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matter.	r to the following:		
	_			
		Name of Person		
	`			
	- <b></b>			
		Address		AEC =
	APR 21 CRETARY AHASS			
		City/State and Zip Code		ARN ASSI
	yolanda E-mail address: (	@moscatosbellacucing to be used for future annual repo	a.com	
For further information	concerning this matter, please of	call:		21 PMI2: 51 ARY OF STATE SSEE, FLORIDA
Yolanda	Tristancho-Helwig	at (727_)	322-4313	₩
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	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/Construction Division of Construction Build	Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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

Moscatos LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A t	noriua Limnica I.	monny Company)				
The Articles of Organization for this Limited Liab  Florida document number L090000754		were filed on	08:062009	and assigned	n	
This amendment is submitted to amend the follow	ving:			R21	=	
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here:	:	PH IS	Ö	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	y," the designation "I	LC' Affe aborevi	iation	
Enter new principal offices address, if applicable:		449 Central Avenue				
(Principal office address MUST BE A STREET ADDRESS)		Saint Petersburg, FL 33701				
Enter new mailing address, if applicable:		449 Central Av	enue			
(Mailing address MAY BE A POST OFFICE BOX)		Saint Petersburg, FL 33701				
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	ce address her		r records, <u>enter t</u>	he name of the	<u>new</u>	
140.00 1.14						
New Registered Office Address:	440 001111111	Enter Florida street address				
	Sai		, Florida	33701		
		City		Zip Code		
New Registered Agent's Signature, if changing Re	gistered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this change in the company has been notified in writing of this change in the change in th	oper and compored agent as persistered office names.	lete performance op provided for in Cha	my duties, and Lo opter 608, F.S. Or, confirm that the lin	un familiar with if this document nited liability	and	

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** <u>Title</u> <u>Name</u> **Address** William F. Helwig M: · · · □ Add ☑ Remove 806 Addison Drive Saint Petersburg, FL 33717 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Amend M□□ Member Yolanda Helwig to sole member 100□ April 11 Dated \_\_ bf a member ignature of a member or authorized representative Yolanda Tristancho-Helwig Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00