

LD9000075754

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Neil SEP - 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAMBO ONE, 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:

MICHAEL P KROL, COA

Name of Person

MICHAEL P KROL & CO., CPA, LLC

Firm/Company

106 W STAFFORD RD, STE 1

Address

STAFFORD SPRINGS, CT 06076

City/State and Zip Code

MKROLCPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL P KROL

Name of Person

860 684-9096

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2013 SEP -6 PM 2: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAMBO ONE, 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 08/06/2009 and assigned
Florida document number L09000075754.

This amendment is submitted to amend the following:

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

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)

1248 EAST FOWLER AVE

TAMPA, FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

106 W STAFFORD RD, STE 1

STAFFORD SPRINGS, CT 06076

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:

ANTHONY PAVONE

New Registered Office Address:

1799 N HIGHLAND AVE, D31

Enter Florida street address

CLEARWATER

City

, Florida 33755

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

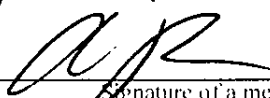
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PHILIP PAVONE	442 E MAIN ST	<input type="checkbox"/> Add
		NORWICH, CT 06360	<input checked="" type="checkbox"/> Remove
MGRM	ANTHONY PAVONE	1799 N HIGHLAND AVE, D31	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33755	<input type="checkbox"/> Remove
MGRM	PAUL PAVONE	1799 N HIGHLAND AVE, D31	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33755	<input 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.)

Dated August 29th 2013



Signature of a member or authorized representative of a member

ANTHONY PAVONE

Typed or printed name of signee

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Filing Fee: \$25.00

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