

LD9000121827

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan AUG 1 - 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Strathmill 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:

Roberto Mazzoni

Name of Person

Twin Invest LLC

Firm/Company

140 Island Way Suite 287

Address

Clearwater FL 33767

City/State and Zip Code

mazzoni@americasa.eu

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

For further information concerning this matter, please call:

Roberto Mazzoni

Name of Person

727 3489160

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2013

ROBERTO MAZZONI
140 ISLAND WAY
SUITE 287
CLEARWATER, FL 33767

SUBJECT: STRATHMILL LLC
Ref. Number: L09000121827

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

Missing page 3 of the Amendment form with the signature. I have retained pages 1 and 2 of the amendment.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 813A00017003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATHMILL 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:

ROBERTO MAZZONI
Name of Person
TWIN INVEST LLC
Firm/Company
140 ISLAND WAY SUITE 287
Address
CLEARWATER FL 33767
City/State and Zip Code
MAZZONI @ AMERICASA.EU
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO MAZZONI at 727 348 9160
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:
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Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2013 JUL 31 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STRATHMILL 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 12/23/2009 and assigned
Florida document number LC9000121827

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)

1516 Tasker Dr
Clearwater FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1516 Tasker Dr
Clearwater FL 33755

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: _____

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, 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>
<u>MGRM</u>	<u>ADRIANO MAZZONI</u>	<u>1516 Talisker Dr</u> <u>CLEAR WATER FL</u> <u>33755</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>SABRINA MAZZONI</u>	<u>1516 TALISKER DR</u> <u>CLEAR WATER FL</u> <u>33755</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ADRIANO MAZZONI</u>	<u>100 WAVERLY WAY #203</u> <u>CLEAR WATER FL</u> <u>33756</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>TWIN INVEST LLC</u>	<u>140 ISLAND WAY suite</u> <u>287 CLEAR WATER</u> <u>FL 33767</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 7/24/2013, 2013

Roberto Mazzei

Signature of a member or authorized representative of a member

ROBERTO MAZZEI AS MORTUIM INVEST LLC

Typed or printed name of signer

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Filing Fee: \$25.00

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