	•
***	(Requestor's Name)
	(Address)
	(Address)
-	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
**	
	(Business Entity Name)
	(Document Number)
· •	-
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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T. CLINE

JUL - 2 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co	Section orporations			
SUBJECT:		ante Italiano Liability Company	<u>, u</u> c	
The enclosed Articles of	of Amendment and fee(s) are submit	tted for filing.		
Please return all corresp	pondence concerning this matter to	the following:		
	that Agos	Name of Person	Icleona	
		Firm/Company		
•	18459 P	ines Blud. Ste.	427	<i>p.</i>)
	Pembroke		SECRE WALLAHA	
	x v clucks	a hot mail. Con cused for future annual report notification)		
For further information	concerning this matter, please call:		FLORID	A D OS
Thevin Name	Mclenna of Person	at (954) 649 - 81 Area Code & Daytime Telep	22	^ក សា
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 Statu Certified Copy (additional copy is	

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

Name of New Registered Agent:	12					
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office ce address here:	address on our rec	ords, <u>enter</u>	the name	e of th	e new
(Mailing address MAY BE A POST OFFICE BOX)				0R	<u>ੂੰ</u> ਹ	
Enter new mailing address, if applicable:				TARY OF IASSEE, F	-	
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>	=	<u> </u>
Enter new principal offices address, if application	ble:	•		SE	<u></u>	
A. If amending name, enter the new name of the new name must be distinguishable and end with "L.L.C."			designation '	"LLC" or tl	he abbre	 eviation
원생님은 학교 기가 가는 것 같아.		144				;
Florida document number						
	bility Company were	filed on	1-2016	and	assigne	:d

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 **Title** <u>Name</u> Address **Type of Action** MHRM ☐ Add V Remove Levin Mckenna Add Remove ☐ Add Remove ATIO E Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00