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SECRETARY OF STATES

2012 APR -2 AM 8: 54

J. SAULSBERRY EXAMINER

APR 3 2012

COVER LETTER

TO: Registration Division of C)		
SUBJECT:	Antonetti Cap	ital Management, LLC				
	Name of Lim	ited Liability Company				
r.						
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Pasquale Antonetti Jr.		-		
		Name of Person				
	Antone	tti Capital Management, LLC				
		Firm/Company		ΪĀ	20	
	2590 Go	lden Gate Parkway Suite 101	ě	LORE	2012 APR -2	TI.
		Address		TAR	20	*******
		Naples, FL 34105		YOF.		
		City/State and Zip Code		STA	15 % HB	
	pa E-mail address: (t@antonetticapital.com to be used for future annual report notifical	tion)	A D D D D	t.	
For further information	concerning this matter, please of	•				
	uale Antonetti Jr.	at (<u></u>)	3-0218			
Name	of Person	Area Code & Daytime T	elephone Numbe	r		
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 Fil Certifica Certified (addition	ite of Sta I Copy	atus &	osed)

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

Ant	<u>tonetti Capital Managemer</u>	nt, LLC	
(Name of the Lin	mited Liability Company as it now app (A Florida Limited Liability Company	y)	
The Articles of Organization for this Limit	ed Liability Company were filed on	January 5, 2010	and assigned
Florida document numberL10000	0001224		
This amendment is submitted to amend the	e following:		
A. If amending name, enter the new nar	me of the limited liability company	here:	
The new name must be distinguishable and en "L.L.C."	nd with the words "Limited Liability Co	mpany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if ap	pplicable:		
(Principal office address MUST BE A ST	REET ADDRESS)	TAL 2	2012
		, A	ý 🔼
Enter new mailing address, if applicable	:	ASSEE	2
Mailing address MAY BE A POST OFF		£1.0	
		FLORID	<u>स</u> स
B. If amending the registered agent a			•
registered agent and/or the new registere	<u>ed office address here</u> :		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	
	Citv	, Florida	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 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>			Address			Type o	of Action
MGR	<u>The Ha</u>	Istatt Partnership	·	2600 Golden Gate Naples, FL 34105	Parkway		_V Ado ☐ Ren	
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	_	- N	······································				Add	i nove
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D. If an				here: (Attach addition			20	
						LAHASSEE, E	12 APR -2 AH	
Dated	MALCH	29 (D)	20/2	Ī. []		STATE	1 8:54	Transcription of the second
		Signature di a r		uthorized representative	of a membe	r		
				le Antonetti Jr.				

Page 2 of 2

Filing Fee: \$25.00