

L10000015579

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

AUG - 9 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAMILY ABUNDANCE 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:

RITA MARUCA  
Name of Person

FAMILY ABUNDANCE LLC  
Firm/Company

606-5 AVE  
Address

NEW HYDE PARK NY 11368  
City/State and Zip Code

R MARUCA @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RITA MARUCA at (917) 922-9470  
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    ☒ \$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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Family Abundance

(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 2/9/2010 and assigned  
Florida document number 110000015579

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

606-5 one  
New Hyde park  
NY 11060

2010 MAR -6 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

RITA MARUCA

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.

Rita Maruca  
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	Name	Address	Type of Action
MGRM	LUIGI MARUCA	606-5 AVE New Hyde Park NY 11040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CONNIE HALOUDIS	338- COVERT AVE New Hyde Park NY - 338 11040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ITALO R. MARUCA	same (convert one)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANTONIO F MARUCA	same (convert one)	<input checked="" 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

7/27/10

*Rita Maruca*

Signature of a member or authorized representative of a member

RITA MARUCA

Typed or printed name of signer