

U10000040927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

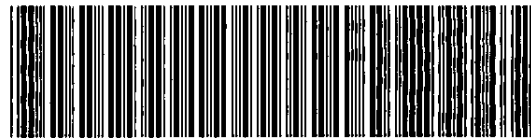
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000186381060

10/08/10--01017--009 **25.00

FILED
2010 OCT -8 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 11 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Masseria Trim 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:

Joseph N. Masseria
Name of Person

Masseria Trim LLC.
Firm/Company

3201 Parkside Ct.
Address

Winter Park, FL 32792
City/State and Zip Code

j.Masseria@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Masseria at (321) 356-8176
Name of Person Area Code & Daytime Telephone Number

FILED
2010 OCT -8 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please add My E.I.N # 36-46 702 73

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Masseria Trim L.L.C.

(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 April 16, 2010 and assigned
Florida document number 410 000 040 927

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)

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:

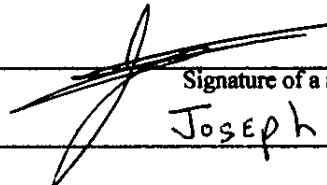
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Joseph M. Masseria	3201 Parkside Ct. Winter Park, FL 32792	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joseph Masseria	474 N. Lake Ave Apopka, FL 32	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Elsie Ramos	8508 Valencia Village Lane Bldg. 7 Apt. 108 Orlando, FL 32825	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please add my E.I.N. # 36-4670273

Dated October 5th of 2010.


 Signature of a member or authorized representative of a member
 Joseph Masseria
 Typed or printed name of signee

FILED
 OCT - 8
 TALLAHASSEE
 STATE
 FLORIDA