

L1000000 44037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

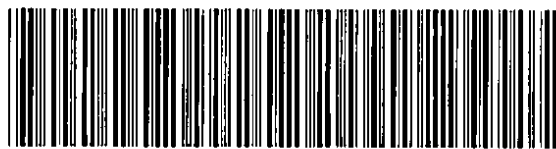
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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2024 NOV 21 AM 10:39

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2024 NOV 21 PM 2:30

NOT FOR FILING
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222


Pharmacotto, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parmacotto, 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:

Valeria Angelucci, Esq.

Name of Person

Becker & Poliakoff, P.A.

Firm/Company

1 East Broward Blvd., Suite 1800

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

vangelucci@beckerlawyers.com

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

For further information concerning this matter, please call:

Valeria Angelucci, Esq.

954 985-4173

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2024 NOV 21 AM 10:39

Parmacotto, 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 April 23, 2010 and assigned Florida document number L10000044037.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

250 Moonachie Road

(Principal office address MUST BE A STREET ADDRESS)

Suite 201

Moonachie, NJ 07074

Enter new mailing address, if applicable:

250 Moonachie Road

(Mailing address MAY BE A POST OFFICE BOX)

Suite 201

Moonachie, NJ 07074

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:

Valeria Angelucci, Esq.

New Registered Office Address:

c/o Becker & Poliakoff, P.A., 1 East Broward Blvd., Suite 1800

Enter Florida street address

Fort Lauderdale

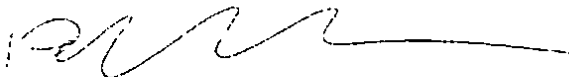
Florida 33301

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alessandro G. Sita	760 Smoke Hollow Trail	<input type="checkbox"/> Add
		Franklin Lakes, NJ 07417	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lawrence J. Saia	53 Lafayette Avenue	<input type="checkbox"/> Add
		Cliffside Park, NJ 07010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alberto Minardi	250 Moonachie Road	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Moonachie, NJ 07074	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/21/2024

Alberto Minardi

Signature of a member or authorized representative of a member

Alberto Minardi

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

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