

L10000053137

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Craig D. Blume, P.A.

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Naples, Florida 34103
NaplesLawOffice@Earthlink.net

Telephone:
239-417-4848

Facsimile:
239-417-4840

May 25, 2010

Florida Department of State
Attn: Registration Section
P O Box 6327
Tallahassee, Florida 32314

Re: Florida limited liability company name changes

To Whom This May Concern:

Enclosed please find Articles of Amendment for L.F. Aviano, LLC which should be filed prior to the Articles of Amendment for Donald L. Foiani, LLC. Also enclosed are two of our firm's \$25.00 trust checks for payment of each filing.

If you should have any questions prior to filing the Amendments please contact our office. Thank you for your assistance with this matter.

Sincerely,



Craig D. Blume

CDB:jlb
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L.F. AVIANO 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:

CRAIG D BLUME
Name of Person

CRAIG D BLUME PA
Firm/Company

800 HARBOUR DRIVE #9
Address

NAPLES, FLORIDA 34103
City/State and Zip Code

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

For further information concerning this matter, please call:

CRAIG D BLUME at (**239**) **417-4848**
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

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

FILED
10 JUN -1 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.F. AVIANO, 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 May 17, 2010 and assigned Florida document number L10000053137

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

L.D.F. HOLDINGS, LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input 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
_____	_____	_____	<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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN -1 PM 1:51

FILED

Dated MAY 18, 2010

Lucia Foiani Member & Manager
Signature of a member or authorized representative of a member

LUCIA FOIANI Member/Mgr
Typed or printed name of signee