

L10000056466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

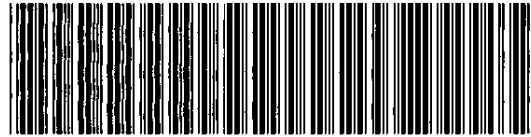
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2010 DEC 16 PM 12:17

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J. SAULSBERRY
EXAMINER

DEC 17 2010

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Joe Buono 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:

Joe Buono
Name of Person

Joe Buono LLC
Firm/Company

5100 390th Ave N
Address

St Petersburg, FL 33709
City/State and Zip Code

jbbkmt@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Buono at (727) 492-6954
Name of Person Area Code & Daytime Telephone Number

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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**

Joe Buono 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 _____ and assigned
Florida document number L10000056466.

This amendment is submitted to amend the following:

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

Joe Buono 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)

Joe Buono President

5100 39Th Ave N

St Petersburg FL 33709

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>
<u>Pres</u>	<u>Joe Buono</u>	<u>5100 39 Th Ave N</u> <u>St petersburg FL 33709</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Vic Pre</u>	<u>Frank Erasmo Scotti</u>	<u>3800 Malec Cir</u> <u>Sarasota FL 34233</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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CLERK OF COURT
JULIA ROBERTSON

Dated 12/14/2010 , _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

LLC partner.txt-1

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

Page 1 of 2

♀
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

XX: Add MGRM - VICE President
FRANK EDUARDO SCOTTI
3820 MALEC CIRCLE
SARASOTA, FL 34233

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CLERK OF DISTRICT COURT

LLC partner.txt-1

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

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CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

Dated , .