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FILED 10 JUL 29 AM II: 03 SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORID

N. Cedeban JUL 30 2010

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

MAZZONE'S ITALIAN DELI, 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:

GREGORY C. ROBERTS

Name of Person

KLINGBEIL & ROBERTS, P. A.

Firm/Company

341 W. VENICE AVENUE

Address

VENICE, FL 34285

City/State and Zip Code

NAN@K-RLAW.COM

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

at (941)

For further information concerning this matter, please call:

GREGORY C. ROBERTS

Name of Person

485-2900 *

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

25.00 Filing Fee

مجار المعاصين والمتعاد والمراجع

المستجمع المدان

]\$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 JUL 29 AM 11: 03

SECRE I ARY OF STATE MAZZONE'S ITALIAN DELI, LLC TALLAHASSEE, FLORIDA (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 onJULY 26, 2010 and assigned Florida document numberL10000078395
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.		
	,1	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

Page 1 of 2

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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>		Name	Address	Type of Action
MGRM	1	LYNN BERNSTEIN	339 W. Venice Avenue Venice, FL 34285	Add Remove
. :	-	<u></u>		Add Remove
 	-			Add Remove
	-			Add Remove
	-			Add Remove
	-			Add Remove
D. If am	nendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	I IO SE
				FILED JUL 29 AM II: O CRETARY OF STAT LAHASSEE, FLORI
	·			FILED 10 JUL 29 AM 11: 03 SECRETARY OF STATE FAULAHASSEE, FLORID
Dated		JULY 27,,201	<u>0 </u>	

Signature Stamember or sumorized representative of a member WAYNE J. MAZZONE

Typed or printed name of signee

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Page 2 of 2

Filing Fee: \$25.00