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EXAMINER

## THOMAS E. MOOREY ATTORNEY AT LAW

430 ROYAL PALM SQ-BLYD., #105

PHONE 239-275-5005 FAX: 239-275-2043 (5... tom.moorey@gmail.com.)

December 6, 2011

Florida Department of State. Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: Change of Limited Liability Company Registered Agent

To Whom It May Concern:

I am herewith enclosing Articles of Amendment to Articles of Organization, changing the name and address of the registered agent of Casa di Fiori LLC from Pasquale Franchi to Thomas E. Moorey, Esq.

Enclosed find our check in the amount of \$25.00 representing the filing fee

Please file the enclosed Articles of Amendment and return a letter of acknowledgment to this office.

Your prompt attention to this matter would be appreciated.

Very truly yours,

Thomas E. Moorey

bd Enclosures

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Casa di Fiori, LLC	urs on our records.)	
(Name of the Similar	d Liability Company as it now appe A Florida Limited Liability Company)	itto on our recordist,	
The Articles of Organization for this Limited	Liability Company were filed on	April 20, 2011	and assigned
Florida document numberL1100004	<del>17127</del> .		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviati
Enter new principal offices address, if appli	icable:		e mig
(Principal office address MUST BE A STRE	ET ADDRESS)		
			SSE CONTRACTOR
Enter new mailing address, if applicable:			me z m
(Mailing address MAY BE A POST OFFICE	<u> </u>		STATE 6
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter 1	he name of the no
Name of New Registered Agent:	THOMAS E. MOOREY, E	SQ.	
New Registered Office Address: 1430 ROYAL PALM SQUARE BOU			), #105
-	E	nter Florida street add	ress
	FORT MYERS	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register the provisions of all statutes relative to the			

If Changing Registered Agent, Signature of New Registered Agent

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 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:

IGR = Ma IGRM = N	nnager Managing Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
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If amen	ding any other information, enter	change(s) here: (Attach additional sheets	, if necessary.)
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			A
	Signature of a	nember or authorized representative of a mem	ber
		PASQUALE FRANCHI Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00