

LI 0000 62614

(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:

Office Use Only



600239146376

09/04/12--01054--004 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 SEP -4 PM 1:36

FILED

T. CLINE
SEP - 5 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATTEO'S South 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:

DAN GERMAINE
Name of Person

MATTEO'S South LLC
Firm/Company

1144 DEARON DR
Address

VENICE FL 34292
City/State and Zip Code

M. GERMAINE i @ VERIZON. NET
E-mail address: (to be used for future annual report notification)

FILED
2012 SEP -4 PM 1:36
TALLAHASSEE FL 32301
SECRETARY OF STATE

For further information concerning this matter, please call:

DAN GERMAINE at (941) 497-3121
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**

MATEO'S South

(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 26, 2011 and assigned Florida document number L11000062614.

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)

1144 DEARDON DR
VENICE FL 34292

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:

DANIEL F GERMANA

New Registered Office Address:

1144 DEARDON DR

Enter Florida street address

VENICE

City

Florida

34292

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.

[Signature]
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

Title	Name	Address	Type of Action
MGR	Shannon Mastrogiovanni	3125 WILLOW SPRINGS VENICE FL 34293	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DANIEL F GERMAINE	1144 DEARON DR VENICE FL 34292	<input checked="" type="checkbox"/> Add <input checked="" 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.)

Dated _____

Shannon Mastrogiovanni
Signature of a member or authorized representative of a member
Registered Agent Shannon MASTROGIOVANNI
Typed or printed name of signee

8/30/2012