

L11000120996

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
15 MAY 10 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

Amendment

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Gagliano Holdings 3, 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:

**John Gagliano**

Name of Person

**Gagliano Holdings 3, LLC**

Firm/Company

**1993 8th Street S.**

Address

**Naples, FL 34102**

City/State and Zip Code

**jgagliano@abminc.com**

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

For further information concerning this matter, please call:

**John Gagliano**

Name of Person

at **(239) 770-3634**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

15 MAY 10 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

Gagliano Holdings 3, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

15 MAY 10 AM 11:21  
SECRETARY  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 10/21/2011 and assigned  
Florida document number L11000120996.

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)**

1993 8th Street South

Naples, FL 34102

**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:

John Gagliano

New Registered Office Address:

1993 8th Street South

Enter Florida street address

Naples

City

Florida 34102

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 605, 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.*

Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Advanced Business Management, Inc.	29187 Gratiot Ave.	<input type="checkbox"/> Add
		Roseville, MI 48066	<input checked="" type="checkbox"/> Remove
AMBR	Grace Lopez	54157 Queensborough Drive	<input type="checkbox"/> Add
		Shelby Twp., MI 48315	<input checked="" type="checkbox"/> Remove
AMBR	Robert Gagliano	48390 Harbor Dr.	<input type="checkbox"/> Add
		Chesterfield, MI 48047	<input checked="" type="checkbox"/> Remove
AMBR	Richard Gagliano	4961 Deer Creek Circle North	<input type="checkbox"/> Add
		Washington Twp., MI 48094	<input checked="" type="checkbox"/> Remove
AMBR	Julie Gagliano	1993 8th Street South	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<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.)*

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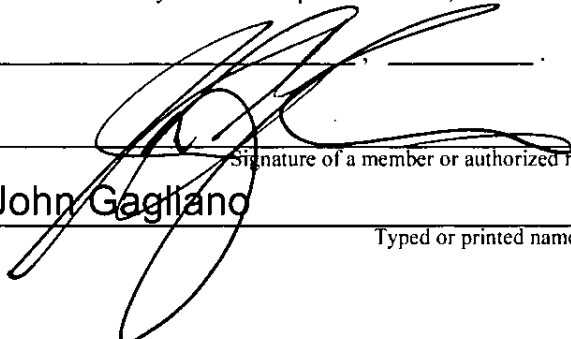
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John Gagliano

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
15 MAY 10 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA