

L11000123387

(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



100226129061

03/28/12--01013--014 \*\*25.00

FILED  
12 APR -9 AM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 10 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2012

ASTRID MAILLARD  
PARIS  
2500 TAMiami TRL NORTH #114  
NAPLES, FL 34103

SUBJECT: DIGRAZIA'S LLC  
Ref. Number: L11000123387

We have received your document for DIGRAZIA'S LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 612A00010558

FILED  
12 APR -9 AM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DIGRAZIA'S**

(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 10/28/2011 and assigned  
Florida document number L11000123387.

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)

FILED  
12 APR - 9 PM 4:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:

ASTRID MAILLARD

New Registered Office Address:

2500 TAMiami TrL North #114

*Enter Florida street address*

NAPLES

Florida

34103

*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

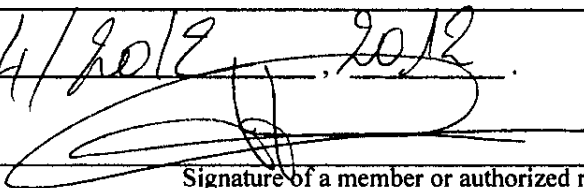
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVE DIGRAZIA	APT 11203-9096 CHULA VISTA ST NAPLES, FL 34103 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VALERIE HARSANIY	23454 OLD MEDOW BROOK CIR BONITA SPRINGS FL 34134 US	<input type="checkbox"/> 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

4/4/2012



Signature of a member or authorized representative of a member

ASTRID MAILLARD

Typed or printed name of signee

FILED  
12 APR -9 PM 4:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA