## L11000133437

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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
2012 OCT 22 PM 1: 35

C. LEWIS

OCT 23 2012

EXAMINER

## COVER LETTER

	, gistration Se ision of Cor		•	
, <b>*</b>		ΡΙΔ77Δ	RIALTO, LLC.	
SUBJECT:	-		ted Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		FR/	ANCIS M. BOYER, ESQ	
			Name of Person	
	BOYER LAW FIRM, P.L.			
	Firm/Company			
		9471 BA	YMEADOWS RD, SUITE	404
		011101	Address	101
		10.0	N/OON /	
		JAC	CKSONVILLE, FL 32256 City/State and Zip Code	
-		OFFICE	E@BOYERLAWFIRM.CO	М
		E-mail address: (	to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please o	eall:	
	FRANCIS	S M. BOYER, ESQ	at ( 904 )	236-5317
	Name o	f Person		ime Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 Fi	iling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2812 OCT 22 PM 1: 39

PIAZZ	ZA RIALTO, LLC.		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (	Company were filed on	11/23/2011	and assigned
Florida document numberL11000133437			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter	the name of the new
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	E	nter Florida street add	dress
		, Florida	
<del></del>	City	, 1 101 Ma	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>	Address	Type of Action
MGR	GILMARTIN, BIRGITTA	7782 WINTER GARDEN VINELAND R	Add Remove
			_ ☐ Add _ ☐ Remove
			Add Remove
			Add Remove
-			Add Remove
			Add Remove
D. If am	nending any other information, enter of GILMARTIN, BIRGITTA, is fully	change(s) here: (Attach additional sheets, if necessary.) removed from the company	_
			SECRETARY OF STATE SECRETARY OF STATE OF CORPORATE OCT 22 PM 11
Dated	13/2012.		STATE DRATIONS
		JEAN CREMER  Typed or printed name of signee	

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Filing Fee: \$25.00