

L11000141206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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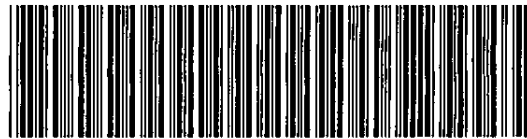
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 29 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PIAZZA SAN MARCO, 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:

FRANCIS M. BOYER, ESQ

Name of Person

BOYER LAW FIRM, P.L.

Firm/Company

9471 BAYMEADOWS ROAD, SUITE 404

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

OFFICE@BOYERLAWFIRM.COM

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

For further information concerning this matter, please call:

FRANCIS M. BOYER, ESQ

Name of Person

at ( 904 )

236-5317

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**PIAZZA SAN MARCO, LLC**

(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 12/15/2011 and assigned  
Florida document number L11000141206

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)**

7782 Winter Garden Vineland Rd #2

Windermere, FL 34786

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8297 Champions Gate Blvd #181

Champions Gate, FL 33896

**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:

New Registered Office Address:

Enter Florida street address

Florida

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	BIRGITTA GILMARTIN	7782 Winter Garden Vineland Rd #2 Windermere, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Anne Catherine Cremer	8297 CHAMPIONS GATE BLVD #181 CHAMPIONSGATE, FL 33896	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SOREDA, MARYLENE		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE OF FLORIDA  
NOTARY PUBLIC

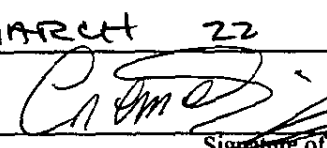
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Anne Catherine Cremer.... 51% OWNERSHIP

Manon Cremer.....49% OWNERSHIP

BIRGITTA GILMARTIN....0% OWNERSHIP- per signed Corporate Resolution.


Dated MARCH 22, 2012

  
Signature of a member or authorized representative of a member

Anne Catherine Cremer  
Typed or printed name of signee

Page 2 of 2

STATE OF FLORIDA  
COUNTY OF OSCEOLA

  
NORMAN RUSCETTE  
3/22/12



NORMAN RUSCETTE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE120774  
Expires 12/7/2015

