L11000141206

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C. LEWIS OCT 23 2012 **EXAMINER**

COVER LETTER

то:	Registration So Division of Cou		•			
% CHD IC						
SUBJE	Name of Limited Liability Company					
		Amendment and fee(s) are sub	_			
		-	-			
FRANCIS M. BOYER, ESQ Name of Person						
BO			OYER LAW FIRM, P.L.			
Firm/Company						
9471 BAYMEADOWS RD, SUITE 404 Address				404		
	JACKSONVILLE, FL 32256 City/State and Zip Code					
•		OFFICE	E@BOYERLAWFIRM.CO	<u>M</u>		
For furt	her information o	concerning this matter, please c	·	lification)		
	FRANCIS	S M. BOYER, ESQ	at (_904)_	236-5317		
	Name o	of Person	Area Code & Dayti	me Telephone Number		
Enclose	ed is a check for t	he following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED: SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 OCT 22 PM 1: 36

PIAZZ	<u>A SAN MARCO, LLC</u>	<u> </u>	
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000141206	· · · · —	12/15/2011	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the I	imited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
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 a		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street ada	lress
_		, 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 Type of Action **Address** Title Title <u>Name</u> GILMARTIN, BIRGITTA **MGRM** 7782 WINTER GARDEN VINELAND H Add WINDERMERE FL 34786 Add 🗌 ☐ Remove ☐ Add Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) GILMARTIN, BIRGITTA, is fully removed from the company Dated_ Signature of a member or authorized representative of a member ANNE CATHERINE CREMER Typed or printed name of signee

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Filing Fee: \$25.00