4/20000/4439

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MARC I. SOLOMON Attorney at Law

May 2, 2012

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

INTERMEZZO, LLC

Document Number: L12000014439

Dear Sir/Madame:

Enclosed you will find an Amendment to delete the name of one of the managers and add the name of another manager to this LLC. I am enclosing our firm's check in the amount of \$25.00 as the filing fee.

Please file this Amendment for manager change as indicated above and contact our office if you have any questions.

Sincerely,

Barbara P. Schwartz

Assistant to Marc Solomon

bps

encls.

COVER LETTER

TO: Registration S Division of Co	Section orporations				
SUBJECT:	INTER	RMEZZO, LLC			
		ited Liability Company		ZHZ HAY	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:		TH 3	
	B	ARBARA SCHWARTZ		ONIO DANG SANG SANG SANG SANG SANG SANG SANG S	
		Name of Person			
	M.	ARC SOLOMON, P.A.			
	- 10	Firm/Company			
	1160	S. ROGERS CIRCLE #2	2		
		Address		_	
	ВО	CA RATON, FL 33487			
	City/State and Zip Code				
		to be used for future annual report no	otification)		
For further information	concerning this matter, please of	all:			
BARBA	ARA SCHWARTZ	at (561)	999-8960		
Name	of Person		time Telephone Numb	er	
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)	sed) Certifie	ate of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nome of the Limited Liebilian Co	MEZZO, LLC	e on our records		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	s on our recorus.)		
The Articles of Organization for this Limited Liability Com Florida document numberL12000014439	pany were filed on	01/31/2012	and assigno	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company her	<u>e:</u>		
		=	2	
The new name must be distinguishable and end with the words '"L.L.C."	"Limited Liability Compa	ny," the designation "	ELC" of the abbre	eviatior
Enter new principal offices address, if applicable:				144
(Principal office address MUST BE A STREET ADDRES	<u> </u>			[]
		;; 		11 TO 12 TO 15 TO
		- sar 3 m - m - 72 5 m	5H 29	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ur records, <u>enter</u>	the name of th	<u>ie new</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	er Florida street add	dress	
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
MGR	ROBERT O. SAUNOOKE	6300 STIRLING ROAD HOLLYWOOD, FL 33024	Add Remove		
MGR_	JOE FRANK	31000 JOSIE BILLIE HIGHWAY CLEWISTON, FL 33440	Add ☐ Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y) RELIGIONE TO THE PART OF T		
Dated		ni d			
		r or authorized representative of a member Non, legistered Agent Tor printed name of signee			

Page 2 of 2

Filing Fee: \$25.00