

L/2 0000/4439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

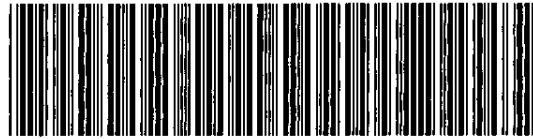
Special Instructions to Filing Officer:

A. LUNT

MAY - 8 2011

EXAMINER

Office Use Only



100234260251

05/04/12--01017--006 **25.00

FILED
2012 MAY -4 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

FILED
2012 MAY -4 PM 3:55
STATE (60) OF FLORIDA
TALLAHASSEE, FLORIDA

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 Section
Division of Corporations**

SUBJECT: INTERMEZZO, 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:

BARBARA SCHWARTZ

Name of Person

MARC SOLOMON, P.A.

Firm/Company

1160 S. ROGERS CIRCLE #2

Address

BOCA RATON, FL 33487

City/State and Zip Code

BARBARA@SOLOMONPA.COM

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

For further information concerning this matter, please call:

BARBARA SCHWARTZ

Name of Person

at (**561**)

999-8960

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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TALLAHASSEE, FLORIDA

INTERMEZZO, LLC

Page 1 of 2

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 | ROBERT O. SAUNOOKE | 6300 STIRLING ROAD | <input type="checkbox"/> Add |
| | | HOLLYWOOD, FL 33024 | <input checked="" type="checkbox"/> Remove |
| MGR | JOE FRANK | 31000 JOSIE BILLIE HIGHWAY | <input checked="" type="checkbox"/> Add |
| | | CLEWISTON, FL 33440 | <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.)

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____

 Signature of a member or authorized representative of a member
 Marc Solomon, Registered Agent

 Typed or printed name of signee