

L12000037631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

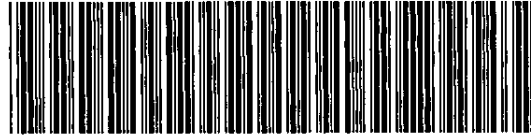
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700241799167

11/15/12--01007--002 **30.00

FILED
2012 NOV 15 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
NOV 16 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fumare Felice, 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:

Antoinette Felice
Name of Person

Fumare Felice, LLC
Firm/Company

14334 CYPRESS ISLAND Circle
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

AntoinetteFelice@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antoinette Felice at (561) 281-3390
Name of Person 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

2012 NOV 15 PM 11:29
TALLAHASSEE, FL
SECRETARY OF STATE

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

FUMARE Felice, 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 5/04/12 and assigned
Florida document number L12000037631.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14334 CYPRESS ISLAND Circle
Palm Beach Gardens, FL
33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Antoinette Felice

New Registered Office Address:

14334 CYPRESS ISLAND Circle

Enter Florida street address

Palm Beach Gardens, Florida 33410

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.

[Signature]
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>
MGRM	TODD S. ELLIS	525 S. FLAGLER DR.	<input type="checkbox"/> Add
		SUITE 500	<input checked="" type="checkbox"/> Remove
		W PALM BCH, FL 33401	
MGR	RYAN ELLIS	112 SPIKE RUSH RD	<input type="checkbox"/> Add
		JUPITER FL 33458	<input checked="" 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 17 2015 11:13 AM

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

Dated NOVEMBER 1, 2012.



Signature of a member or authorized representative of a member

Antoinette Felice

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2012 NOV 15 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA