

L12000049204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

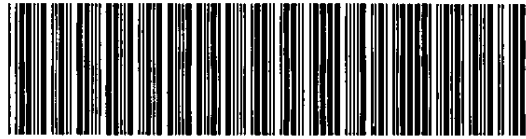
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ALABAMA, FLORIDA

G. HARVEY

DEC 04

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Damiano Inv Two 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:

Joseanne Vasquez
Name of Person
Damiano Inv Two LLC
Firm/Company
1729 SW 4th St
Address
Fort Lauderdale FL 33312
City/State and Zip Code
J-Vasquez3@a.yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseanne Vasquez at (954) 873-6652
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

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TALLAHASSEE, FLORIDA

Damiano Inv Two UC

The Articles of Organization for this Limited Liability Company were filed on 04/11/12 and assigned Florida document number L12000049204

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Giuseppe Damiano	1729 SW 4th St Fort Lauderdale FL-33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Giuseppe Damiano	1729 SW 4th St Fort Lauderdale FL 33312	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

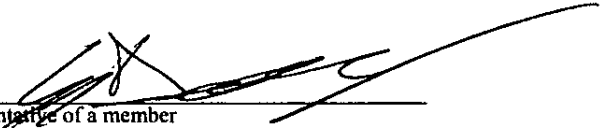
Dated November 18th, 2014.



Signature of a member or authorized representative of a member

Josianne Vasquez

Typed or printed name of signee



Giuseppe Damiano

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