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G. HARVEY

DEC 04

EXAMINER

## **COVER LETTER**

TO: Registration Section :  Division of Corporations
SUBJECT: Damiano Inv Two UC  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 Tub UC
Firm/Company
1729 SW 4th St Address
Fort Lauderdale FL 33312 City/State and Zip Code
F-Vasque 23 ay Jahoo. W. VK  E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Josephne Vasquez at 954 873-6655 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Taliahassee, 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

Damiano Inv	TWO	UC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 1200004920</u> 4		04/11/13	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company h	ere:		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		our records, <u>ente</u>	r the name of ALL ARASS	of the new
New Registered Office Address:	Post File		ms z	
	Enter Flo	rida street address . Florida	112: C	
<del></del>	City	,	Zip Códe	

#### 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 605, 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 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>	Address	Type of Action
AMBR	Giusoppe Damiano	1729 SW 446 St	🗆 Add
	Damiano	Fort Lauderdale	Remove
		FL-33312	
MGR	<u>Giuseppe</u> Damiano	1729 SW 4th St	Add
	Damiano	Fort Lauderdale	□ Remove
		FL 33312	
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE