

212 0000 66817

(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



300252913003

10/28/13--01026--011 **30.00

RECEIVED
13 OCT 28 AM 11:09
HALL COUNTY, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: **DISANO ENTERPRISES, 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:

ANTHONY V DISANO JR

Name of Person

DISANO ENTERPRISES, LLC

Firm/Company

2614 GLENLOCK CT

Address

DELTONA, FL 32738

City/State and Zip Code

lrojas0919@gmail.com

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

For further information concerning this matter, please call:

ANTHONY V DISANO JR

Name of Person

at **(386) 215-1378**

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

RECEIVED
FALL 2009
13 OCT 28 AM 11:00
6-11-09

ARTICLES OF ORGANIZATION
OF

DISANO ENTERPRISES, 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 05/04/2012 and assigned
Florida document number L12000060817.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

2614 GLENLOCK CT

Enter Florida street address

DELTONA

City

Florida 32738

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

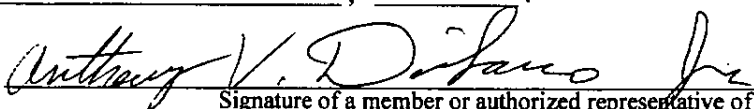
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EDNA L DISANO	2614 GLENLOCK CT	<input checked="" type="checkbox"/> Add
		DELTONA, FL 32738	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Dated OCTOBER 5TH, 2013



Signature of a member or authorized representative of a member

ANTHONY V DISANO JR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 OCT 28 AM 11:59
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA