## L12000064472

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JUL 0 1 2014 S. YOUNG

## COVER LETTER

TO: Registration Section **Division of Corporations** 

SUBJECT:

CORRADO CASTALDO 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:

MICHELE CORRADO

Name of Person

CORRADO CASTALDO LLC

Firm/Company

8501 PLACIDA ROAD

Address

PLACIDA FL 33946

City/State and Zip Code

JODYWITHSPRADTAX@YAHOO.COM

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

For further information concerning this matter, please call:

MICHELE CORRADO

 $at \, (\underbrace{941}_{Area \, Code}) \, \underbrace{697\text{-}1313}_{Daytime \, Telepho}$ 

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O CASTALDO LLC
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 05/14/2012 and assigned
Florida document number L12000064472	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
	HELE CORRADO LLC
The new name must be distinguishable and end with the words "Lin	mited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2 2 2 (a) 12-
(muning numress mail pagini ost of the pont	- in
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the ne
registered agent and/or the new registered office add	ress here:
Name of New Registered Agent:	
New Registered Office Address:	For Florida was dilana
	Enter Florida street address
	, Florida

## 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 **Type of Action Address** <u>Title</u> Name 1 □ Add ☐ Remove \_□ Add \_□ Remove □ Add Remove ☐ Remove \_\_\_\_ □ Remove \_□ Add

\_\_\_\_ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing:
	Dated JUNE 26
	Signature of a member or authorized representative of a member
	MICHELE CORRADO
	Typed or printed name of signee

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Filing Fee: \$25.00