12000100196

(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:					
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ALL AHASSEE FLORID

B. BOSTICK
AUG 10 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporat	ions 🐧					
			Twelve, LLC				
			ted Liability Company				
The end	closed Articles of Amer	idment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspondence	ce concerning this matter	to the following:				
	Barbara L. Watson						
			Name of Person				
Corsaro & Associates Co., LPA							
Firm/Company							
28039 Clemens Road							
	Westlake, OH 44145						
	_		City/State and Zip Code				
		BW	atson@corsarolaw.com				
		E-mail address: (to be used for future annual report notific	ation)	₽SE	12	
For furt	her information concer	ning this matter, please o	all:		CRE)	AUG	
	Barbara	L. Watson		371-4022	SS	-9	
•	Name of Person	on	Area Code & Daytime	Telephone Number	E C	PH PH	
Enclose	ed is a check for the following	lowing amount:			CRID/	<u>+</u>	
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &)
MAH ING ADDRESS.			CTDE ET/COUDIE	D ADDUECC.			

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

Twenty To (Name of the Limited Liability Comp (A Florida Limited	welve, LLC pany as it now appears I Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compar Florida document numberL12000100196	ny were filed on	08/03/2012	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company here	:			
Barolo Risto	orante, LLC				
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Compan	y," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:			21		
(Principal office address MUST BE A STREET ADDRESS)			2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			JG-9 PH 3 4 I		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ir records, <u>enter</u>	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:	Р. /	FI: I	Iduana		
	Enter Florida street address				
	City	, Florida _	Zip Code		
	- · · · ·		4		

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 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:

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action Remove Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member or authorized representative of a member William S. Habansky, Jr., Trustee, Member
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager