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SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER-LETTER

TO:

Registration Section • Division of Corporations

SHIP IFOT

AMD Simonini Investments, 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:

Blimie Friedman

Name of Person

Broad Financial

Firm/Company

21 Robert Pitt Drive/Ste 202

Address

Monsey, NY 10952

City/State and Zip Code

amdsimonini@aol.com

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

For further information concerning this matter, please call:

Blimie Friedman

, 845, **352-300**0

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2012 DEC 10 PH 12: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	onini Investments, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	npany were filed on 11/09/2012	and assigned
Florida document number L12000142074		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
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		enter the name of the new
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Florida si	treet address
	, Flo	orida
	C.111V	ZID 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 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:

MGR = Manager
MGRM = Managing Member

Title Name Address Type of Action

MGR Carla Anne Simonini 66 Newport Drive
Boardman, OH 44512
Remove

Add
Remove

	 Remove
 	Add
	 Remove
	Remove
 	Add
	Remove
	Remove

). If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
, ,	
,	
December 5	2012
	Deme &
Signa	ture of a member or authorized representative of a member
Blimie Friedman	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

