

#L/2000/55504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mauiro Family Holdings, 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:

Kenneth Edelman

Name of Person

Kenneth Edelman, PA

Firm/Company

2255 Glades Road, Ste. 337W

Address

Boca Raton, FL 33431

City/State and Zip Code

kedelman@edelmanpa.com

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

For further information concerning this matter, please call:

Kenneth Edelman

Name of Person

at 561 417-1570

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
13 JAN 28 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Maiuro Family Holdings, 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 December 12, 2012 and assigned Florida document number L12000155504.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Maiuro Family Holdings, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Joseph Maiuro

New Registered Office Address:

4201 N. Federal Highway, Ste. A

Enter Florida street address

Pompano Beach

City

Florida 33064

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

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:

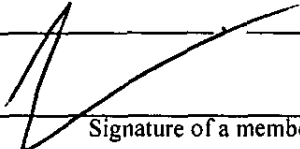
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph Maiuro	4201 N. Federal Highway, Ste. A	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Pompano Beach, FL 33064	
MGRM	Joseph Mauro	4201 N. Federal Highway, Ste. A	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Pompano Beach, FL 33064	
			<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Joseph Maiuro

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00