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(Re	questor's Name)	
(Ad	dress)	
 (Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	_ ne)
(Do	ocument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor		:	
SUBJE	I ATT PERSON	erprises LLC		
SOBJE		Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Vincent C Iafano		
			Name of Person	
		Iafano Enterprises LLC		
			Firm/Company	
		5944 Coral Ridge Dr #246	j	
			Address	
		Coral Springs FL 33076		
			City/State and Zip Code	
		iafanov@yahoo.com		
For furt	her information c	oncerning this matter, please c	to be used for future annual report notifiall:	ication)
			at () Area Code Daytime	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

Larano Emerprises LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L13000002255	were filed on 1/2/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
lafano Enterprises LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5944 Coral Ridge Dr #246
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs FL 33076
Enter new mailing address, if applicable:	5944 Coral Ridge Dr #246
(Mailing address MAY BE A POST OFFICE BOX)	Coral Springs FL 33076
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter the name of the re:
	, Florida
	City 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			Add
			Remove
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			Remove
			Change
			☐ Remove
			☐ Change

		
		
		
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	(C)	
ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of lote: If the date inserted in this block does not meet the applicable statu ocument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant	to 605.020 se listed a
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the	earlier (
Oated 5/31/2016		

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Typed or printed name of signee

Filing Fee: \$25.00