

L 130000014862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

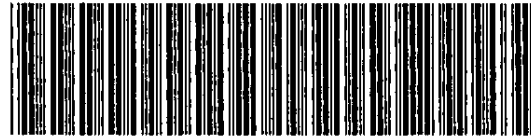
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STATE OF MISSISSIPPI
TALLAHASSEE
GRIDA

2013 FEB -5 AM 10:50

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J. SAULSBERRY
EXAMINER

FEB 6 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAYMONO J. CARABOTTA JR. 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:

RAYMOND J. CARABOTTA JR.

Name of Person

Firm/Company

166 NE 92nd Street

Address

Miami Shores, FL 33138

City/State and Zip Code

raybotta@gmail.com

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

For further information concerning this matter, please call:

RAYMOND J. CARABOTTA JR. at 305 975-0080

Name of Person

Area Code & Daytime Telephone Number

STATE
TALLAHASSEE
FLORIDA

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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

PK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RAYMONO J. CARABOTTA JR. 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 1/29/2013 and assigned
Florida document number L13000014862.

This amendment is submitted to amend the following:

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

RAYMOND J. CARABOTTA JR. LLC

The new name must be distinguishable and end with the words "Limited 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 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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

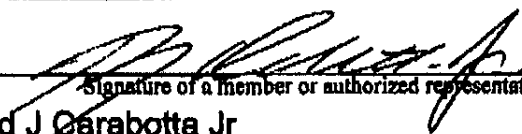
Title	Name	Address	Type of Action
MGRM	RAYMOND J. CARABOTTA JR. LLC	166 NE 92nd Street	<input checked="" type="checkbox"/> Add
		Miami Shores FL	<input type="checkbox"/> Remove
		33138	
MGRM	RAYMONO J. CARABOTTA JR. LLC	166 NE 92nd Street	<input type="checkbox"/> Add
		Miami Shores FL	<input checked="" type="checkbox"/> Remove
		33138	
			<input type="checkbox"/> Add
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2013 FEB-5
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 TALLAHASSEE, FLORIDA

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

Dated 1/31/2013


Signature of a member or authorized representative of a member
Ramond J Garabotta Jr
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA