

L13 0000 18911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

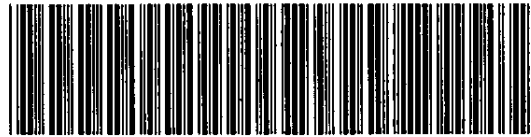
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1 SHWERS OCT 02 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Formaggio's of River Hills, 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:

John P. Zelatis

Name of Person

Zomesa, LLC

Firm/Company

15459 Martinmeadow Drive

Address

Lithia, FL 33547

City/State and Zip Code

jzelatis@zomesa.com

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

For further information concerning this matter, please call:

John P. Zelatis

Name of Person

813 654-5144

at ()

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

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TALLAHASSEE, FLORIDA

Formaggio's of River Hills, LLC

The Articles of Organization for this Limited Liability Company were filed on February 6, 2013 and assigned Florida document number L13000018911

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

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 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:

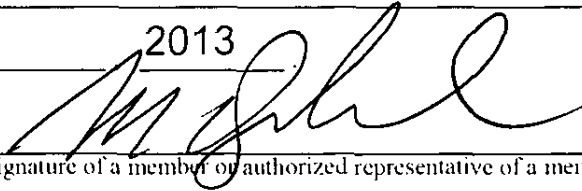
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James Tzilvelis	15215 Merlin Park Pl	<input checked="" type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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13 SEP 29 11:12 AM
STATE OF FLORIDA
HALL COUNTY

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

Dated September, 20 2013



Signature of a member or authorized representative of a member

Menelaos Tzilvelis

Typed or printed name of signee

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Filing Fee: \$25.00

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