Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160003045193)))



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To:

Division of Corporations

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From:

Account Name : LICENSES ETC INC

Account Number: 120070000159 Phone: (239)777-1028

Eax Number : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ETC@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROBERT A. RICCIARDELLI, DESIGNER LLC

 Certificate of Status
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 Page Count
 07

 Estimated Charge
 \$25.00

2016 DEC 13 AM ID: 43 SECHETARY OF STATE ALL AHASSEE, FLORIDA

> K. SALY DEC 14 2016

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2016-12-13 13:47:07 (GMT)

From: Licenses Etc.

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COVER LETTER

	egistration Se dyision of Cor			
SUBJECT		A, RICCIARDELLI, DESIGNI	ER LLC	
SUBJECT	· •	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		LISA ADAMS		
			Name of Person	
		RICCIARDELLI, DESIGNER LLC Name of Limited Liability Company mendment and fee(s) are submitted for filling. ence concerning this matter to the following: LISA ADAMS Name of Person LICENSES, ETC. Finn/Company 886 110TH AVE. N., SUITE #6 Address NAPLES, FL 34108 City/State and Zip Code SUPPORT@LICENSESETC.COM E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (Area Code Daytime Telephone Number following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status GADDRESS: on Section of Corporations G227 STREET/COURIER ADDRESS: Registration Section Division of Corporations Ciliton Building		
			Firm/Company	
		886 110TH AVE. N., SUI	TE #6	
			Address	
		NAPLES, FL 34108		
			City/State and Zip Code	
				otification)
For further	information co	oncerning this matter, please c	ali:	
LISA AD	AMS		239 777-1028	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	Registration Section Division of Corp	tion orations Center Circle

2016-12-13 13:47:07 (GMT)

From: Licenses Etc.

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(((H160003045193)))

ROBERT A. RICCIARDELLI, DESIGNER LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Fior	ical Ellinical Elimitary Company)	70 F
The Articles of Organization for this Limited Liability Florida document number L13000054911	y Company were filed on 04/15/2013	andrassioned w
	·	9
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or receistered agent and/or the new registered office ag		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridastreet address	
	, Flo	rida
	City	ZipCode
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	l complete performance of my duties, and agent as provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((II16000304519 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOSEPH KOSINSKI	135 Gulfview Dr.	Add
		Ft. Mycrs Beach, FL 33931	☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Remove -
			RETURN FOR SSELL S
			- Fria Charge
			STAdd 3
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change

Sunbiz LLC Amendment	Page 7 of 7	2016-12-13 13:47:07 (GMT)	From: License
D. If amending any of	her information, ent	er change(s) here: (Attach additional sheets, if	necessary. (((H16000304519 3))

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F. Effective date, if of	her than the date of	filing: (ontional)
(If an effective date is liste	ed, the date must be specif	filing: ic and cannot be prior to date of filing or more than 90 days not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.0207 (3)(b)
document's effective	date on the Departmen	t of State's records.	s, this date will not be fisted as the
If the record specifie	s a delayed effecti	ve date, but not an effective time, at 12:	01 a.m. on the earlier of:
(b) The 90th day at	ter the record is n	ied.	
Dated December 7th		2016	
Dated		2016 South	
		•	
	Signature	of a member or authorized representative of a member	
		Robert A. Ricciardelli	
		Typed or printed name of signee	

. . . .

Page 3 of 3

Filing Fee: \$25.00