## 113000080630

(Requestor's Name)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
JALLAHASSEE: FLORIDA

## **COVER LETTER**

TO:

Registration Section Division of Corporations

RIECT: 719 DOUGLAS, 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:

## ROSEANNE CHIARAMONTE

Name of Person

719 DOUGLAS, LLC

Firm/Company

1841 N KEENE RD

Address

**CLEARWATER FL 33755** 

City/State and Zip Code

PATRICIA@SUNSTATECPA.COM

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

For further information concerning this matter, please call:

JERRY MILLER

Name of Person

727,548-4400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Certified Copy
(additional copy is enclosed)

S60.00 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

719 DOUGLAS, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Florida document number L13000080620	Company were filed on JUNE 4, 2013	and assigned
Florida document number	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		HAS 2
Enter new mailing address, if applicable:		\$2 F
(Mailing address MAY BE A POST OFFICE BOX)		
		ORIO NIN NIN NIN NIN NIN NIN NIN NIN NIN N
B. If amending the registered agent and/or reg	istered office address on our records, s	
registered agent and/or the new registered office ad	ldress here:	
	·	
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	
	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 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>	Name	Address	Type of Action
MGR	RON CALABRESE	1841 N KEENE RD	Add
		CLEARWATER FL 3375	5 Remove
			_
·			Add
			Remove
·			Add
		SECRE TALLAH	Remaye
		ASSEE, F	24
		EE, FLORIDA	Addy
			_ Add
			Remove
			- 
			Add
			Remove

). II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	July 22, 2013
	America Court
	Signature of a member or authorized representative of a member
	ROSEANNE CHIARAMONTE
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 JUL 24 PH 2: 44
SECRE FARY OF STATE
TALLAHASSEE, FLORID