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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	s of Status	
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COVER LETTER

TO: Registration S Division of Co		<i>i</i> >	
	D CIRIELLO, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	A Richard Cirello, III		
		Name of Person	
	RICHARD CIRIELLO, LI	LC	
		Firm/Company	
	1530 SE 14TH STREET		
		Address	
	DEERFIELD BEACH, FL	. 33441	
		City/State and Zip Code	
	richardciriello3@gmail.con		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Richard Ciriello		954 691-5377 at ()	
Name	of Person	Area Code Daytimo	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICHARD CIRIELLO, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. iability Company))
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L13000099673		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
A Richard Ciriello III, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		34 =
Trincipul office dudress MOST BE A STREET ADDRESS		
		- 1 2 - 1
		SS - 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Muning wantes that Barri our of the Born		ORIDA
		- 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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:

	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			☐ Change
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If an effec	tive date is listed, t	he date must b	e specific ar	nd cannot	be prior t	o date of f	iling or me	ore than 90	days after	r filing.) P	ursuani	t to 605	.0207
Note: It documen	the date inserted it's effective date	l in this bloce on the Dep	k does not artment of	meet the State's	e applica records.	ble statut	ory ming	g requirei	nents, thi	s date wi	ii not	be liste	ed as
he reco	rd specifies a	delayed	effective	date,	but not	an effe	ective t	ime, at	12:01	a.m. or	the	earlie	er o
The 9	00th day after	the reco	d is filed	j.									
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Dated _	7/	///	//	_,		_•							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00