

L17000 101471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

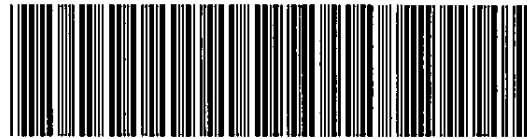
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300261608353

07/14/14--01005--002 **25.00

14 JUL 14 AM 11:48
RECEIVED
FBI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ridgewood Investments Management, 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:

Betty T. Pignato

Name of Person

Ridgewood Investments Management LLC

Firm/Company

109 N Sugar Creek RD

Address

Buchhead, Georgia 30625

City/State and Zip Code

betty.pignato@gmail.com

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

For further information concerning this matter, please call:

Betty T. Pignato

Name of Person

706 4740925

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgmr</u>	<u>Harold L.Pignato</u>	<u>5605 S.E. Matousek St.</u>	<input type="checkbox"/> Add
		<u>Stuart, Fl 34997</u>	<input checked="" type="checkbox"/> Remove
<u>mgmr</u>	<u>Samuel C. Pignato</u>	<u>109 N Sugar Creek RD</u>	<input checked="" type="checkbox"/> Add
		<u>Buckhead, Georgia 30625</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

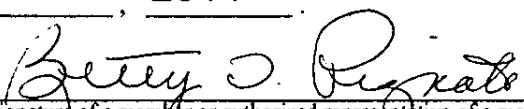
41 JUL 14 2006

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 7th, 2014



Signature of a member or authorized representative of a member

Betty T. Pignato

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUL 14 AM 11:48