## L13000107787

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

08/23/13--01014--015 \*\*25.00

## **COVER LETTER**

TO: Registration So Division of Co		<b>€</b>	
SUBJECT:	FLORIDA SHACK	: 110	
	Name of Limit	led Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GREG	Name of Person	
		Name of Person	
		FLORIDA SMACK LLC Firm/Company	
		Firm/Company	
	511 OCEANSIDE	E BLVD Address	
		Address	<del></del>
	INDIALANTIC	FL. 32903 City/State and Zip Code	
		City/State and Zip Code	
	galliani	gmail.com o be used for future annual report notificati	
For further information of	e-mail address: (t		on)
JAEG GALL	IAN /	at ( <u>7/4</u> ) <u>642 - 923 a</u> Area Code & Daytime Te	Sanhara Number
Name	i ravon	Area Code & Daytime 16	riephone Number
Enclosed is a check for t	he 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

FILED 2013 AUG 23 PH 1: 32

SECKETARY OF STATE TALLAHASSEE, FLORIDA

and the second s		TOUR LONDA
FLORIDA S.		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on	4 31, 2013 and assigned
Florida document number <u>413000107787</u>	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del>, , , , , , , , , , , , , , , , , , , </del>	
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new malling address, if applicable:	<del>.</del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 1	Florida street address
		, Florida
<del></del>	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>	Address	Type of Action
MGR	PAOLA GALLIANI	3160 GATLIN De.	Add
		POCKLEDGE, FL. 32955	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
			_

D. If am	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
ated	Agust 21 , 2013.				
-					
	Signature of a member or authorized representative of a member				
	GREG GALLIANI				
	Typed or printed name of signee				

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Filing Fee: \$25.00

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