## L13000108802

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Received 08/23
	Office Use Only 5. C -



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2021

BRENDAN A DIBISASI 12701 METRO PARKWAY UNIT B FORT MYERS, FL 33966

SUBJECT: B.P. PICARELLI LLC Ref. Number: L13000108802

We have received your document for B.P. PICARELLI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham **OPS** 

Letter Number: 221A00019037

(7)

www.sunbiz.org

## **COVER LETTER**

TO: Registration S Division of Co			•	
SUBJECT: B.F	Picarelli LL Name of Limited Liabilio	C y Company		
The enclosed Articles of	Amendment and fee(s) are submitted for	filing.		
Please return all correspondence	ondence concerning this matter to the follo	owing:		
	Brendan A.	Dibiasi e of Person		
		tive of 61	WFL	
	12701 Metro P	Kwy Unit B		
	Fort Myers, FL	339 66 and Zip Code	· <del>·</del>	
		EYSMEChanic future annual report notification	S.Com	
For further information e	oncerning this matter, please call:	- Paris and the same of the sa	,	
Brendan Name o	A. Dibiasi at (	239) 454-84 Mea Code Daytime Telep	rOD hone Number	
inclosed is a check for th	ne following amount:		$G\mathcal{D}$	Q)
□ \$25.00 Filing Fee	Certificate of Status Certi	O Filing Fee & E ified Copy ional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	s: Section Orporations 7	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree	issee	<u>]</u>
		Tallahassee, FL 3230		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B.P Picarelli LLC (Name of the Limited Liability Company (A Florida Limited Lia	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number \(\bigcup_13000\)\(\begin{array}{c} 13000\]\(\begin{array}{c} 108802\]\(\begin{array}{c} .\\ \end{array}\)	were filed on August 13, 2013 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	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)		
<u>-</u>		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
<u>-</u>		_
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registe</u>	red
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	•
	, Florida	-
New Registered Agent's Signature, if changing Registered Agent:	City Zıp Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is	the Cl
	ė,	

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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Meliosa Dibiasi	Soile Sorrento Court	🗆 Add
		Cape Coral, FL 33904	
			□Change
			🗀 Add
	,		□Remove
			□Change
			□Add
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Effectiv	re date, if other than the date of filing: 08/18/2021 (optional)	> =	J
Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	struct to 605	5.0207 (3 ted as th
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 d.	th day afte	er the
Dated •	August 18 . 2021		
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00