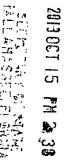


(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	OCT 21	2013
	A. LU	NT





10/15/13--01059--005 **25.00



COVER LETTER

TO: Registration Section
Division of Corporations

URIFICE. JOHN DAMATO, 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:

JOHN D'AMATO

Name of Person

JOHN D'AMATO, LLC.

Firm/Company

5965 COLONY COURT

Addres

BOCA RATON, FL 33433

City/State and Zip Code

MARC1040@AOL.COM

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

For further information concerning this matter, please call:

JOHN D'AMATO

₁₁954,752-3889

Name of Person

Area Code & Daytime 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

STREET/COURIER ADDRESS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHN DAMATO LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/30/2013 and assigned

Florida document number L13000137793				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
JOHN D'AMATO, LLC.				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	n "LLC" or	<u></u>	reviation
Enter new principal offices address, if applicable:		<u> </u>	130	17
(Principal office address MUST BE A STREET ADDRESS)		5 / R Sign	5	P===
		971 ₅₂		
	•	1 -4 (4 A A A A A A A A A A A A A A A A A	-သ ရှည် (ယ	Same of
Enter new mailing address, if applicable:		. سپ	- 63	
(Mailing address MAY BE A POST OFFICE BOX)				

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		. Florida
•	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

Title	Name	Address	Type of Action
MGRM	JOHN DAMATO	5965 COLONY COURT	Add
		BOCA RATON, FL 33433	Remove
			_
MGRM	JOHN D'AMATO	5965 COLONY COURT	Add
		BOCA RATON, FL 33433	Remove.
140014		FOCE COLONY COURTS	-
MGRM	HELEN DAMATO	5965 COLONY COURT	Add
	•	BOCA RATON, FL 33433	Kemove"
	,		5 [
MGRM	HELEN D'AMATO	5965 COLONY COURT	Add
		BOCA RATON, FL 33433	Remove
			Add
			Remove
			Add
			Remove

5 ,	miorinanon, enter change(s)	here: (Attach additional s	neeis, ij necessary.j	
		•		
<u></u>			·····	
Dated OCTOBER	9 , 2013			
JOHŅ D	Signature of a member or a	authorized representative of a	member	
	Typed or p	rinted name of signee		
·	•	age 3 of 3 g Fee: \$25.00	***	F 2019 OCT

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