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PAGE 01/05

**L13000142082**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone : (305) 416-6800

Fax Number : (305) 416-6811

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
13 OCT 30 PM 2:22  
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAPUZZI HOME, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**COVER LETTER**

(((H13000241195 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Capuzzi Home, 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:

**Diane M. Hernandez**

Name of Person

**Adams Gallinar, P.A.**

Firm/Company

**1000 Brickell Avenue, Suite 300**

Address

**Miami, Florida 33131**

City/State and Zip Code

**dhernandez@agilaw.com**

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

For further information concerning this matter, please call:

**Diane M. Hernandez**

Name of Person

**305 416-6800**

at ( )

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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H13000241195 3)))

Capuzzi Home, 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 10/08/2013 and assigned  
Florida document number L13000142082.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(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 Florida 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 Changing Registered Agent, Signature of New Registered Agent

(((H13000241195 3)))  
 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>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Alessandra M. Capuzzi Bentancourt</u>	<u>1000 Brickell Avenue</u>	<input type="checkbox"/> Add
		<u>Suite 300</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, Florida 33131</u>	
<u>Mgr</u>	<u>Constatino C. Bentancourt</u>	<u>1000 Brickell Avenue</u>	<input type="checkbox"/> Add
		<u>Suite 300</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, Florida 33131</u>	
<u>Mgr</u>	<u>Constantino Capuzzi</u>	<u>1000 Brickell Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 300</u>	<input type="checkbox"/> Remove
		<u>Miami, Florida 33131</u>	
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove

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

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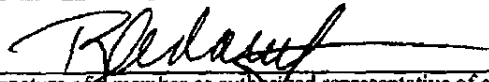
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Dated October 30, 2013



Signature of a member or authorized representative of a member

**Robert R. Adams, Esq., Authorized Representative**

Typed or printed name of signee

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Filing Fee: \$25.00

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13 OCT 30 PM 9:22  
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TALLAHASSEE, FLORIDA

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