L17000 162674

(Re	questor's Name)	
, (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500263732955

08/28/14--01023--005 **25.00





COVER LETTER

		COVERCETTER	
TO: Registration So Division of Co			
SUBJECT: Fabri	zio, Lee & Ass	sociates, LLC	
SUBJECT:		ited 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:	
	Maura J. Le	e	
	 	Name of Person	
	Fabrizio, Le	e & Associates, L	LC
		Firm/Company	
	915 King St	reet FL2	
		Address	
	Alexandria,	VA 22314	•
		City/State and Zip Code	
	maura.lee@fabri	ZIOIEE.COM to be used for future annual report notifica	ation)
For further information of	concerning this matter, please c	· ·	,
Maura J. Le	ee	_{at (} 703 ₎ 341-42	80
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
•	_	T \$55 AA Eiling Foo &	:60 00 Filing Fee
\$25.00 Fitting 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

Fabrizio, Lee & Associates, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	···	
The Articles of Organization for this Limited Liability Company Florida document number L13000162034	were filed on November 18, 2014	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the a	bbreviation "L	L.C."
Enter new principal offices address, if applicable:	2624 NE 15th Street		
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale, FL 33404	· ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2624 NE 15th Street Ft. Lauderdale, FL 33404		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	of the ne
New Registered Office Address:		,	• •
new registered Office Address.	Enter Florida street address	<u>, i C</u>	***
	, Florida		·
Nam Basistanad Accestly Simpature if abouting Deviation described	City	Zip Code	12
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 605, 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Maura J. Lee	2624 NE 15th Street	= Add
-		Ft. Lauderdale, FL 334	04 □ Remove
•			
		**************************************	🗆 Add
			Remove
			
			Add
			Remove
			□ Remove
			<u></u>
			Add
			□ Remove
		·	
			Add
			🗆 Remove

	1
(The effective	date, if other than the date of filing: September 1, 2014 (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated Al	ugust 27 , 2014
	Anthony M. Fabrigio, Gr. Signature of a member or authorized representative of a member Anthony M. Fabrizio, Jr.
	Signature of a member of authorized representative was member

Page 3 of 3

Filing Fee: \$25.00