

L 13000178165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 FEB 23 PM 12:24
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

FEB 29 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCOCCA & PARTNERS L.L.C.

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:

GIUSEPPE SCOCCA

Name of Person

SCOCCA & Partners L.L.C.

Firm/Company

4045 Sheridan Ave # 359

Address

Miami Beach, FL, 33140

City/State and Zip Code

scocca.partners@studioscocca.us

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

For further information concerning this matter, please call:

Giuseppe Scocca

305 4594303
at ()

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

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**

SCOCCA & PARTNERS L.L.C.

(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 12/30/2013 and assigned
Florida document number L13000178165.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4350 Oakes Road # 506

(Principal office address MUST BE A STREET ADDRESS)

Davie, FL, 33314

Enter new mailing address, if applicable:

4045 Sheridan Ave #359

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach, FL, 33140

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:

FABIO CRAGNOTTI

New Registered Office Address:

4350 Oakes Road # 506

Enter Florida street address

Davie, FL,

, Florida 33314

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 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

MGR = Manager
AMBR = Authorized Member

☐ Add
☐ Remove
☐ Change
☐ Add

16 FEB 84

02/15/2016

(optional)

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105.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 15th day of February 2016

Signature of a member or authorized representative of a member

GIUSEPPE SCOCCA, MANAGER

Typed or printed name of signee