# L13000178/65

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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### **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	SCOCCA	& PARTNERS L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
		GIUSEPPE SCOCCA		
		Name of Person		
	SC	COCCA & PARTNERS L.L.C		
		Firm/Company		
		2540 NW 9th Terrace		
	Address			
	Wilton !	Manors, Broward County, FL	.33311	TALL
		City/State and Zip Code		
		cca.partners@studioscocca.us to be used for future annual repor	t notification)	<b>-</b> SS-
For further information of	concerning this matter, please c	•	· iomedion,	SECULASSEE PH 4: 37
GIUSEPPE SCOCCA			786 450 7000	ن
Name o	of Person	at () Area Code D	aytime Telephone Number	
Enclosed is a check for t	he 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				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)			
I 120001701	were filed on	12/30/2013	and assigned			
Florida document numberL1300017810	<del></del> -					
This amendment is submitted to amend the following	llowing:					
A. If amending name, enter the new name	da document number					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbr	eviation "L.L.C."		
Inter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		Wilton Manors, E	Broward County, FL, 333	II de l'Esperantino		
				<b> </b>		
Enter new mailing address, if applicable:		2540 NW 9th Ter	race	上等		
(Mailing address MAY BE A POST OFFICE BOX)		Wilton Manors, E	Broward County, FL, 333	11 3 7		
				<u> </u>		
	office address her	<u>e</u> :	our records, <u>enter th</u>	e name of the nev		
Name of New Registered Agent:	GIUSEPPE SC	OCCA				
New Registered Office Address:	2540 NW 9th T					
			la street address			
	Wilton Manors	, Broward County	, Florida	33311		
		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.

f Changing Begistered Agoni, Signature of New Registered Agent



## If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OLGA SCOCCA	2540 9th Terrace, Wilton Manors	<b>■</b> Add
		Broward County, FL, 33311	Remove
			□ Change
AMBR	GIUSEPPE SCOCCA	2540 9th Terrace, Wilton Manors	□ Add
		Broward County, FL, 33311	□ Remove
			■ Change
			□ Add
			Remove
			Change Change
			Change PA 4: 37
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