L14000028590

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COVER LETTER

	Registration Se Division of Cor			
eup IEC	MORE THA	AN PROPERTY MANAGEMI	ENT LLC	
SUBJEC	·1;	Name of Limi	ted Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		GIOVANNA PUCCI		
			Name of Person	, <u>, , , , , , , , , , , , , , , , , , </u>
			Firm/Company	
		903 PLAZA STREET		
			Address	
		CLEARWATER, FL 3375.	5	
			City/State and Zip Code	
		JOANNESERVICES@YA	HOO.COM	
		E-mail address: (t	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
JOANNI	E PUCCI		727 657-7692 at () Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

MORE THAN PROPERTY MANAGEMENT LLC

(Name of the Limite	d Liabilit	y Company	as it now	appears	on our	records.
	A Florida	Limited Lip	hility Cor	nnany)		

The Articles of Organization for this Limited Liability Com	pany were filed on 2/19/2014	and assigned
Florida document number L14000028590		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
GIOVANNA PUCCI LLC		
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:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· ,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		TALLAHAY2
	, Flo	orida Co
	City	Zip Gode
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, an t as provided for in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is
Ī:	f Changing Registered Agent, <u>Signature c</u>	of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action Address Title** <u>Name</u> □ Add □ Remove _□ Change □ Add □ Remove _ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change

Page	2	of	3

☐ Add

☐ Remove

☐ Change

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Page 3 of 3

Filing Fee: \$25.00