

L14000039841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

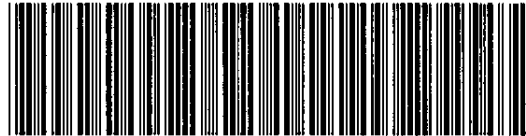
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 19 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROCCO-FELICIONI ASSOCIATED, 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:

CAROLINA ROCCO

Name of Person

ROCCO-FELICIONI ASSOCIATED, LLC

Firm/Company

717 SHOTGUN RD

Address

SUNRISE, FL 33326

City/State and Zip Code

CROCCO@TRAMITESCONSULARES.COM

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

For further information concerning this matter, please call:

CAROLINA ROCCO

954 6813136
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2015

CAROLINA ROCCO
717 SHOTGUN RD
SUNRISE, FL 33326

SUBJECT: ROCCO-FELICIONI ASSOCIATED, LLC
Ref. Number: L14000039841

RECEIVED
15 JUN -8 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ROCCO-FELICIONI ASSOCIATED, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 915A00011453

June 4, 2015

Tammy Hampton
Registration Section
Division of Corporations
FLORIDA DEPARTMENT OF STATE

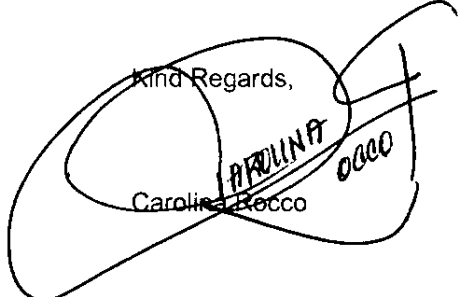
SUBJECTC: ROCCO-FELICIONI ASSOCIATED, LLC
(Ref. Number: L14000039841)
Articles of Amendment

Dear Ms. Hampton

First of all I apologize for any inconvenience we may have caused you. Pursuant to your request from June 1, I am resending you the document "Articles of Amendment to Articles of Organization of Rocco-Felicioni Associated, LLC" signed.

If there's anything else I can do for you, please do not hesitate to contact me at my cell phone number 954 681 3136 or my e-mail crocco@tramitesconsulares.com.

Kind Regards,


Carolina Rocco

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

ROCCO-FELICIONI ASSOCIATED, 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 03/10/2014

Florida document number L14000039841

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:

(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 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

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lamanna de Rocco, Rosalba	1339 St. Tropez Circle #308. Weston, FL 33326	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 19th

2015

Signature of a member or authorized representative of a member

CAROLINA ROCCO

Typed or printed name of signee

Filing Fee: \$25.00

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