

# L14000048802

Florida Department of State  
Division of Corporations  
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((H17000140941 3))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : WILLIAMS & MORRIS, P.A.  
Account Number : 120030000069  
Phone : (786)256-6615  
Fax Number : (888)836-5107

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: williamsmorrispa@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FUGAZZA REAL ESTATE, LLC.

Certificate of Status	0
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2017 MAY 24 AM 15:46

ALLA MASSE FLORIDA

FILED  
17 MAY 24 PM 04:04  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(( H17000140941 3 ))

FUGAZZA REAL ESTATE, 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 3/25/2014 and assigned Florida document number L14000048802

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

City, Florida Zip Code

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MAY 24 2014  
TALLAHASSEE, FLORIDA

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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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>
MM	STEFANO FUGAZZA	2400 W 84 street	<input checked="" type="checkbox"/> Add
		STE 14	<input type="checkbox"/> Remove
		HIALEAH, FL 33016	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 17 MAY 24 PM 2:21  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

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