# 1400089549

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SEGRETARY OF STAIL ON THE STAIL OF CORPORATION

φ,

JUN 1.3 2014 J. HARRIS June 9, 2014

### VIA FEDERAL EXPRESS OVERNIGHT DELIVERY

Florida Department of State Registration Section, Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### Re: Articles of Amendment to Articles of Organization of RACC Wholesale, LLC (L14000089549)

Dear Sir or Madam:

Enclosed herewith for filing are the Articles of Amendment to Articles of Organization regarding the above-referenced matter together with Check #10494 in the amount of \$30.00 made payable to the <u>Florida Department of State</u> for Filing Fee and Certificate of Status.

If you should have any questions or concerns, please feel free to contact me.

Sincerely,

Carrhine J. Chioccariello

1001 37<sup>th</sup> Street North St. Petersburg, FL 33713

Daytime Phone Number: 727.647.1441

**Enclosures** 

# **COVER LETTER**

TO:

Registration Section
Division of Corporations

RACC WHOLESALE, 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:

# Carmine J. Chioccariello

Name of Person

Firm/Company

1001 37th St N, Suite D

Address

St. Petersburg, FL 33713

City/State and Zip Code

cjcpt0825@me.com

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

For further information concerning this matter, please call:

# Carmine J. Chioccariello

nt (121) 32

、327-6897

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

RACC WHOLESALE, 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 05/29/2014	and assigned
Florida document number L14000089549	

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	17 TIVIE S
	<b>E</b> 59
	_ 03
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	- Tu
	: 2f

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:

Carmine J. Chioccariello

1001 37th St N, Suite D

Enter Florida street address

St. Petersburg, Florida

City

Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

This amendment is submitted to amend the following:

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Address Type of Action** <u>Name</u> 1001 37th St N, Suite D MGR Rosalie Chioccariello St. Petersburg, FL 33713 ■ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add, \_□ Remove □ Add □ Remove

	additional sheets, if necessary.)
-	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Dated June 9 2014	
C) Minulo	
Signature of a member or authorized repres	entative of a member
Signature of a member or authorized representation Carmine J. Chioccariello	entative of a member

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Filing Fee: \$25.00