

L14000089549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

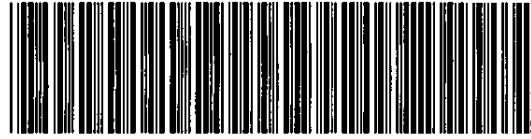
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 11 PM 1:26

JUN 13 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

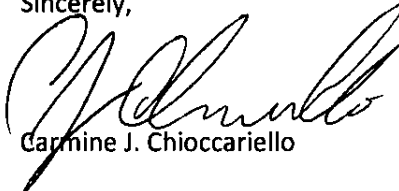
Re: Articles of Amendment to Articles of Organization of RACC Wholesale, LLC (L14000089549)

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 Florida Department of State for Filing Fee and Certificate of Status.

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

Sincerely,



Carmine J. Chiocciariello

1001 37th Street North
St. Petersburg, FL 33713
Daytime Phone Number: 727.647.1441

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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. Chiocciariello

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. Chiocciariello

Name of Person

at **(727) 327-6897**

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

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|--------------------------|--|
| MGR | Rosalie Chiocciariello | 1001 37th St N, Suite D | <input type="checkbox"/> Add |
| | | St. Petersburg, FL 33713 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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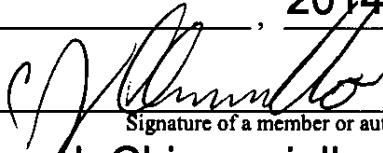
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 9, 2014



Signature of a member or authorized representative of a member

Carmine J. Chioccariello

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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