

L14 0000 90712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

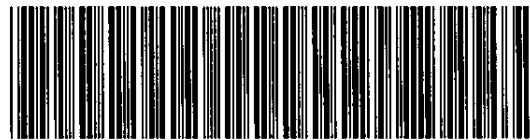
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **CIOTTOLATE GROUP 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:

**AARON CIOTTOLO**

Name of Person

**CIOTTOLATE GROUP LLC**

Firm/Company

**4102 CARRIAGE DRIVE E3**

Address

**POMPANO BEACH, FL 33069**

City/State and Zip Code

**AARON\_ANGELO@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**AARON CIOTTOLO**

Name of Person

at **954 225-7640**

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	ELIZABETH, DE CIOTTOLO	4102 CARRIAGE DRIVE E3	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF SUPERIOR COURT


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NONE

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 SEPTEMBER 26, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**AARON CIOTTOLO**

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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