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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

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** 

, 954 , 225-7640

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

Cle	OTTOLATE O	ROUP LLC		
(Name of the Lim	ited Liability Com (A Florida Limited	pany as it now appear I Liability Company)	s on our records.)	
The Articles of Organization for this Limited I Florida document numberL14000090712	_iability Compar		06/02/2014	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	<u>re</u> :	
N/A				
The new name must be distinguishable and end with th	e words "Limited Li	ability Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered	d/or registered		our records, enter	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	F . E		SEP AHA
		Enter Flor  City	ida street address, Florida	SSET O
New Registered Agent's Signature, if changing	Registered Ager	ıt:		S S S
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and comple gistered agent a	te performance of s provided for in C	my duties, and I am Chapter 605, F.S. Or,	fåmiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ELIZABETH, DE CIOTTOLO	4102 CARRIAGE DRIVE E3	
		POMPANO BEACH, FL 3306	9 ■ Remove
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NONE	nere: (Attach 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 the date this document is filed by the Florida Department of State)	or filed date and cannot be more than 90 days after
Dated SEPTEMBER 26 , 2014	<u>4                                    </u>
	Cialtolo Bon.
	authorized representative of a member
AARON	CIOTTOLO
Typed or r	printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECREJARY OF STAFL