L14000095354

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COVER LETTER

TO:

Registration Section Division of Corporations

JOSE & NICOLA HOLDINGS LLC

SUBJECT:

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:

JOSE LICATA

Name of Person

JOSE & NICOLA HOLDINGS LLC

Firm/Company

3492 NW 82 DRIVE

Address

COOPER CITY, FL 33024

City/State and Zip Code

licatapippo@hotmail.com

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

For further information concerning this matter, please call:

JOSE LICATA

Name of Person

786 499-2700

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

FILED

2014 JUN 27 AM 11: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JOSE & NICOLA HOLDINGS 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 Florida document number <u>L14000095354</u>	were filed on 6/13/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	It to amend the following: It the new name of the limited liability company here: able and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: UST BE A STREET ADDRESS) COOPER CITY, FL 33024 If applicable: 4 POST OFFICE BOX) COOPER CITY, FL 33024 tered agent and/or registered office address on our records, enter the name of the new new registered office address here: stered Agent: fice Address:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3492 NW 82 DRIVE
(Principal office address MUST BE A STREET ADDRESS)	COOPER CITY, FL 33024
Enter new mailing address, if applicable:	3492 NW 82 DRIVE
(Mailing address MAY BE A POST OFFICE BOX)	COOPER CITY, FL 33024
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Now Designed Agent's Signature if shanging Designated Agents	City Zip Code

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

AMBR NICOLA CASTELLANO 3492 NW 82 DRIVE COOPER CITY, FL 33024 COOPER CITY AND COOPER CITY AN	each Manager	n our records, <u>enter the title, name, and address of</u> our records:	he Managers or Authorized Member lember being added or removed from	ng the	If amendi Authorize
AMBR NICOLA CASTELLANO 3492 NW 82 DRIVE COOPER CITY, FL 33024			nager		
COOPER CITY, FL 33024	ype of Action	Address	<u>Name</u>		<u>Title</u>
	■ Add	3492 NW 82 DRIVE	NICOLA CASTELLANO		AMBR
	□ Remove	COOPER CITY, FL 33024			
	□ Add				
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If amending any other information, enter change(s) here: (Attach addition	uu sneeis, ij 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 cannot be the date this document is filed by the Florida Department of State)	(optional) more than 90 days after
Dated JUNE 23 , 2014 .	
Dicata por	
Signature of a member or authorized representative of	f a member

Page 3 of 3

Filing Fee: \$25.00

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