## L14000097182

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## **COVER LETTER**

	stration Se sion of Cor				
SUBJECT:	MASS				
SOMECT.		Name of Lin	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return a	all correspo	ndence concerning this matter	to the following:		
		MASSIMO A. DEL	LA RATTA		• • • • • • • • • • • • • • • • • • • •
			Name of Person		·
			Firm/Company		From the
		49 LUTHER DRIV	Æ		MILOCT 31 SECRETARY
			Address		
	PALM COAST, FL 32137				※ 第 <b>翌</b>
			City/State and Zip Code		755 <b>F</b>
		MAXXDR@MSN.0	COM to be used for future annual report notif	intian	<b>E</b> 3
For further inf	ormation co	oncerning this matter, please c	•	leation)	•
MASSI	MO DEL	LA RATTA	386 986-2866		
	Name of	Person	Area Code Daytime	Telephone Number	<del></del>
Enclosed is a	check for th	e following amount:			
\$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
	Registra	ING ADDRESS: ation Section	STREET/COURING Registration Section Division of Corpora	n	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASSIMO'S ITALIAN MARKET, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	<del></del>		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000097182</u>	were filed on JUNE 17,2014	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:	261		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	ne abbreviation L.L.C."		
Enter new principal offices address, if applicable:	230 ST. JOE PLAZA DR	10 ω pm		
(Principal office address MUST BE A STREET ADDRESS)	PALM COAST, FL 32164	TO TO		
Enter new mailing address, if applicable:		(in the case)		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the nev		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Florida street address			
	. Florida			
	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

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHARON DELLA RATTA	49 LUTHER DRIVE	Add
		PALM COAST, FL 32137	□ Remove
			2014 OCH 31
			Remove
			Add Remove
			Remove
			∧dd
			□ Remove
		<u> </u>	☐ Remove

EIN # 47-21,16150,			
ective date, if other than the	date of filing: NOVEMBER 1, 2014	(optional)	
effective date must be specific, cannot date this document is filed by the Flo	ot be prior to date of receipt or filed date and cannot be		~ `
, OCTOBER 20	2014	En	2014 CECT
ted COTOBER 20	V 1/1 1/1/11		245
ted OCTOBER 20	YYU HAT	3.5	<u> </u>
MASSIMO A. DI	Signature of a member or authorized representative o	f a member	T31 量

Page 3 of 3

Filing Fee: \$25.00