

L14000097182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

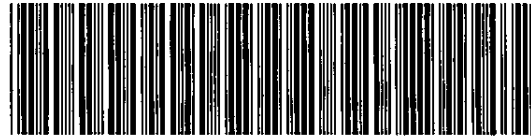
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALLAS, STEPHEN

NOV - 3 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASSIMO'S ITALIAN MARKET, 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:

MASSIMO A. DELLA RATTA

Name of Person

Firm/Company

49 LUTHER DRIVE

Address

PALM COAST, FL 32137

City/State and Zip Code

MAXXDR@MSN.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MASSIMO DELLA RATTA

at (386)

986-2866

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MASSIMO'S ITALIAN MARKET, LLC

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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	SHARON DELLA RATTA	49 LUTHER DRIVE	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALLAN HESTER, FLORIDA


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

EIN # 47-2116150.

E. Effective date, if other than the date of filing: NOVEMBER 1, 2014 (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 OCTOBER 20 2014



Signature of a member or authorized representative of a member

MASSIMO A. DELLA RATTA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA