11400 136088

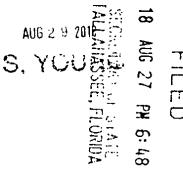
(Requ	iestor's Name)	<u>-</u>
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PICK-UP	☐ WAIT	MAIL
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(Doci	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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08/27/18--01018--026 **100.00



COVER LETTER

Divi	sion of Corp	porations				
SUBJECT:	LIZFFC, LI	.C				
SUBJECT		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Robert A. Scalise, Jr.				
			Name of Person		•	
		Ericson, Scalise & Manga	n, P.C.			
			Firm/Company			
		35 Pearl Street, Suite 35				
			Address		Ten 18	
		New Britain, CT 06051			AUG LLLAID	-11
			City/State and Zip Code		G 2	U.E.D
		kjpiroc@aol.com			SEE 7	İ
		E-mail address: (to be used for future annual report notifi-	cation)	P. R	\Box
For further in	formation c	oncerning this matter, please c	all:		3 27 PK 6: 48 LANDER FLORIDA ASSEE, FLORIDA	
Robert A. Sc	alise, Jr.		860 515-3399 at ()		φ · · · · · · · · · · · · · · · · · · ·	
	Name o	r Person		Telephone Number	-	
rout autieur	-11-61	5 H				
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

LIZFFC, 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 were filed on $\frac{08/29/2014}{1}$ and assigned Florida document number <u>L</u>14000136088 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL.C." or the abbreviation "LL.C." Enter new principal offices address, if applicable: 8 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kenneth J. Papa	585 E. Main St.	■ Add
		New Britain, CT 06051	Remove
			Change
		 :	Add
			□ Remove
			Change
			TALLAHA FI
			SS Remove
			TO Chapter
			Remove
			□ Change
			Add
			Remove
			Change
			□ Add
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			Change

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Effective o If an effective	date, if other than le date is listed, the date	the date of fili:	ng:	or to date of filing	or more than 90 day	(optional) cs after filing) Pur	suant to 605.0
Note: If the	se date inserted in this effective date on the	s block does not	meet the appli	cable statutory			
							A 8
he record The 90	I specifies a delath day after the i	yed effective record is filed	date, but n i.	ot an effectiv	ve time, at 12	:01 a.m. on t	ne earlier
Dated	August	21_	2018			; ; 	2
		h 11/1	Rice		ative of a member	רסומ	PM 6: 48

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00