#15000004372

| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
| (Osternoso Internoso) | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | _ |
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| Carriella-territore to Filing Officer | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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2015 AUG -4 PH 3: 16

K. SALY EXAMINER

AUG -5 2015

COVER LETTER

| TO: Registration S Division of Co | | | |
|------------------------------------|--|---|---|
| CMAZZA SUBJECT: | REALTY LLC | | |
| | Name of Lin | nited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Candace Mazza | | |
| | | Name of Person | |
| | Cmazza Realty LLC | | |
| | | Firm/Company | |
| | 18107 Peregrines Perch Pl | #306 | |
| | | Address | |
| | Lutz, FL 33558 | | |
| | | City/State and Zip Code | |
| | candacemazza.res@gmail.c | | |
| | | to be used for future annual report noti | fication) |
| For further information | concerning this matter, please c | all: | |
| Candace Mazza | | 813 323-1523 at () | |
| Name | of Person | | e 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**

| • | 10 | |
|---|--|---|
| ART | ICLES OF ORGANIZA | ATION Str |
| | OF | LEN |
| | OI . | 27/5 Allo |
| CMAZZA REALTY LLC | | Siron PM |
| | ited Liability Company as it now appe | err on our records) 14 A 2 /6 /8 2 |
| (Ivania or me same | (A Florida Limited Liability Company | 27/5 AUG - 4 PM 3: 16 PASSON OF STATE 1/08/2015 and assigned |
| ne Articles of Organization for this Limited I | iability Company were filed on 0 | 01/08/2015 and assigned |
| orida document number L15000004372 | _ | |
| orida document number | | |
| his amendment is submitted to amend the fol | lowing: | |
| YP 14 | 64L 12 44 3 15 L 2024 | L |
| . If amending name, enter the new name o | of the limited liability company | <u>nere</u> : |
| | | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the | designation "LLC" or the abbreviation "L.L.C." |
| . | • • • | |
| nter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | |
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| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | : ROX) | |
| 744110K 18441CSS 1/1/11 DD11 1 OD1 O1 2 1 OD | | |
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| | | |
| | | on our records, enter the name of the ne |
| gistered agent and/or the new registered o | office address here: | |
| | | |
| Name of New Registered Agent: | Candace Mazza | |
| Traine of the w Augistered Agolf. | | |
| New Registered Office Address: | 18107 Peregrines Perch Pl #306 | j |
| | Enter F | lorida street address |
| | Lutz | , Florida ³³⁵⁵⁸ |
| | City | , I'lUl lua |

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 Now Registered Agent

Page 1 of 3

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 = M $AMBR = A$ | fanager Authorized Member | FILED |
|--------------------|------------------------------|--|
| Title | <u>Name</u> | Address 2015 AUG - 4 PM 3: 16 SECRETARY OF STAIR Add Remove |
| | | ALLAHASSFE STATE - Add |
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| fan ef Note: | ive date, if other than the date of filing: |
| ne re The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | 7/27/15 |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00