

415000018258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

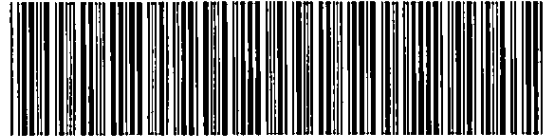
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL -9 PM 12:35
DIVISION OF CORPORATIONS
SECRETARY OF STATE

N COOPER

JUL 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LETMEBEFRANKDESIGN, 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:

FRANK PUSATERI

Name of Person

LETMEBEFRANKDESIGN, LLC

Firm Company

128 PALMETTO AVE #2

Address

INDIALANTIC, FL 32903

City, State and Zip Code

frank@letmebefrankdesign.com

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

For further information concerning this matter, please call:

FRANK PUSATERI

323

333-3176

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$40.00 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 6227
Tallahassee, FL 32314

STREET-COURIER ADDRESS:

Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LETMEBEFRANKDESIGN, 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 February 08, 2018 and assigned
Florida document number L15000018258

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 of this company shall _____ and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

128 PALMETTO AVE #2

INDIALANTIC, FL 32903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

128 PALMETTO AVE #2

INDIALANTIC, FL 32903

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: _____

128 PALMETTO AVE #2

(Use Florida street address)

INDIALANTIC

Florida 32903

(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 amend to 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 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>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
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		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

18 JUL -9 PM 12: 35

18 JUL -9 PM 12:35

SECRETARY OF STATE
DIVISION OF INFORMATION

(If an effect is not "significant," the claim must be specific to a claim of "prior" or "to date" of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in the Department of State's records.

(b) The 911 call record is false.

Dated

$\times 6/27/18$

X Frank Sparto
Signature of member or authorized

Signature of member or authorized representative of a member

* Frank C. Pusateri