

L15000020836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

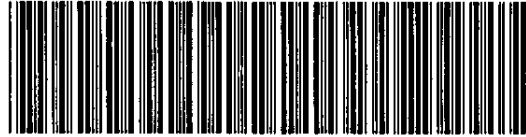
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100269600611

02/27/15--01024--005 \*\*55.00

FILED  
15 APR 20 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 21 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GRACIE N GIANNA, 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:

E. Clayton Yates, Esquire

Name of Person

YATES AND MANCINI, P.A.

Firm/Company

112 Orange Avenue

Address

Fort Pierce, FL 34950

City/State and Zip Code

clay@yatesandmancini.com

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

For further information concerning this matter, please call:

Leah Hubbard, Paralegal

at ( 772 ) 465-7990

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2015

E. CLAYTON YATES, ESQ  
112 ORANGE AVE  
FORT PIERCE, FL 34950

SUBJECT: GRACIE N GIANNA LLC  
Ref. Number: L15000020836

RECEIVED  
15 APR -2 11:10:00  
SUBJECT: GRACIE N GIANNA LLC  
INFORMATION SERVICES

We have received your document for GRACIE N GIANNA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 315A00005151



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2015

E. CLAYTON YATES, ESQ  
112 ORANGE AVE  
FORT PIERCE, FL 34950

SUBJECT: GRACIE N GIANNA LLC  
Ref. Number: L15000020836

15 APR 20 AM 10:00  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

We have received your document for GRACIE N GIANNA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 115A00006678

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

GRACIE N GIANNA 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 3, 2015 and assigned  
Florida document number L15000020836.

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 end with 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)**

**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

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, 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>
AMGR	Carlo Sacco /	400 Mariner Bay Blvd	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34949	<input type="checkbox"/> Remove
AMGR	Stacey Sacco /	400 Mariner Bay Blvd	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34949	<input type="checkbox"/> Remove
AMGR	Christina D'Alessandro /	400 Mariner Bay Blvd	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34949	<input type="checkbox"/> Remove
MGR	Carlo Sacco /	400 Mariner Bay Blvd	<input type="checkbox"/> Add
		Fort Pierce, FL 34949	<input checked="" type="checkbox"/> Remove
MGR	Stacey Sacco /	400 Mariner Bay Blvd	<input type="checkbox"/> Add
		Fort Pierce, FL 34949	<input checked="" type="checkbox"/> Remove
MGR	Christina D'Alessandro /	400 Mariner Bay Blvd	<input type="checkbox"/> Add
		Fort Pierce, FL 34949	<input checked="" type="checkbox"/> Remove

15 APR 20 PM 5:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

---

---

---

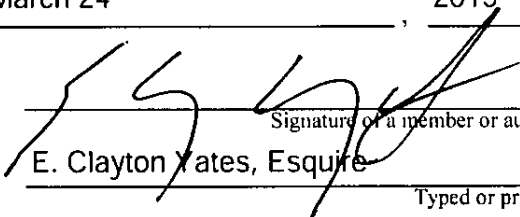
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 March 24, 2015



Signature of a member or authorized representative of a member

E. Clayton Yates, Esquire

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 APR 20 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA