

L1500000 60907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

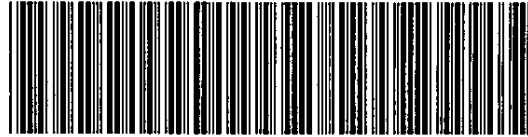
(Business Entity Name)

(Document Number)

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15 APR 15 PM 12:20

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APR 28 2015

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D'AMICO ENTERPRISES 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:

Kim Stanfield

Name of Person

The Hogan Law Firm

Firm/Company

20 So. Broad Street

Address

Brooksville, Florida 34601

City/State and Zip Code

kstanfield@hoganlawfirm.com

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

For further information concerning this matter, please call:

Kim Stanfield

352

799-8423

at ( )

Name of Person

Area Code

Daytime 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

# THE HOGAN LAW FIRM®

*We mean business<sup>SM</sup>*

April 8, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: D'Amico Enterprises, LLC, Document #L15000060907

Dear Sir or Madam:

For filing, please find enclosed Articles of Amendment to Articles of Organization together with our Firm's check in the amount of \$25.00 to cover the filing fee.

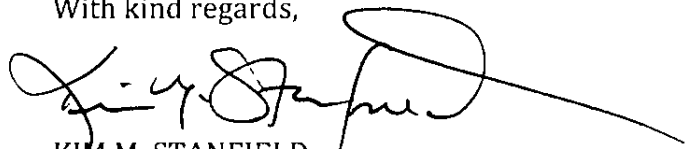
When filing Articles of Organization, one of the Managers was not listed. Also, the principals requested that the Managers be listed in a specific order:

- Christy E. D'Amico
- Maria Robinett
- Gary M. D'Amico

The enclosed Articles of Amendment is filed to comply with those instructions. If there are questions, please phone me: 352-799-8423.

Thank you.

With kind regards,



KIM M. STANFIELD

Legal Assistant, Legal Life Solutions Dept.

kms  
Enc.



30720



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

**D'AMICO ENTERPRISES LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
15 APR 15 PM 12:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 04/07/2015 and assigned  
Florida document number L15000060907.

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

City, **Florida** 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>
MGR	Gary M. D'Amico	2780 N FLORIDA AVENUE	<input type="checkbox"/> Add
		HERNANDO, FL 34442	<input checked="" type="checkbox"/> Remove
MGR	Christy E. D'Amico	2780 N FLORIDA AVENUE	<input type="checkbox"/> Add
		HERNANDO, FL 34442	<input checked="" type="checkbox"/> Remove
MGR	Christy E. D'Amico	2780 N FLORIDA AVENUE	<input checked="" type="checkbox"/> Add
		HERNANDO, FL 34442	<input type="checkbox"/> Remove
MGR	MARIA ROBINETT	2780 N FLORIDA AVENUE	<input checked="" type="checkbox"/> Add
		HERNANDO, FL 34442	<input type="checkbox"/> Remove
MGR	Gary M. D'Amico	2780 N FLORIDA AVENUE	<input checked="" type="checkbox"/> Add
		HERNANDO, FL 34442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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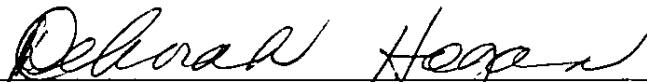
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 April 8 , 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Deborah Hogan, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee