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Office Use Only

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	D'AMICC	ENTERPRISES LLC		
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Kim Stanfield		
			Name of Person	A 1110 A
		The Hogan Law Firm	า	
			Firm/Company	
		20 So. Broad Street		
			Address	
		Brooksville, Florida 3	34601	
		katanfiald@haganlau	City/State and Zip Code	
		kstanfield@hoganlaw E-mail address: (t	o be used for future annual report notifica	tion)
For further in	nformation co	oncerning this matter, please ca	ili:	
Kim Stan	field		352 799-8423	
	Name of	Person	at ()	elephone Number
Enclosed is a	i check for th	e following amount:		
■ \$25.00 F	iling 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)
	MAILI	NG ADDRESS:	STREET/COURIER	ADDRESS:

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

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 MAY -7 AM II: 22

SECRETARY OF STATES TALLAHASSEE, FLORIDA

#### D'AMICO ENTERPRISES 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 Lial	bility Company were filed or	n 04/07/2015	and assigned
Florida document number <u>L15000060907</u>	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compan	ıy here:	
DAMICO ENTERPRISES LLC			
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	"the designation "LLC" or (	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B)  B. If amending the registered agent and/or	<u> </u>	s on our records en	
registered agent and/or the new registered offi	0	s on our records, circ	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r 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:

<u>tle</u>	<u>Name</u>	Address	Type of Acti
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	ation, enter change(s) here: (Attach add	
		···
effective date must be specific, can	not be prior to date of receipt or filed date and can	(optional) not be more than 90 days after
effective date must be specific, can date this document is filed by the F	not be prior to date of receipt or filed date and can	(optional) not be more than 90 days after
Pective date, if other than the effective date must be specific, can edate this document is filed by the Fited April 29	not be prior to date of receipt or filed date and can lorida Department of State)	not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

