

L150000062587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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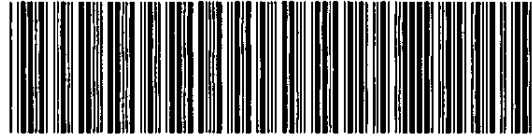
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 25 2015

3 MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Petrillo Real Estate Services 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:

Melissa L. Norton
Name of Person

Petrillo Real Estate Services LLC
Firm/Company

5406 Hammock View Lane
Address

Apollo Beach, FL 33572
City/State and Zip Code

freedomreality@a15@gmail.com
E-mail address: (to be used for future annual report notification)
(2015)

For further information concerning this matter, please call:

Melissa L. Norton at (813) 394-3400
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Petrillo Real Estate Services LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 04/09/2015 and assigned
Florida document number L15000062587.

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 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)

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:

Melissa L. Norton

New Registered Office Address:

5406 Hammock View Lane

Enter Florida street address

Apollo Beach

City

Florida

33572

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.

Melissa L. Norton

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>
MGR	Michael Petrillo	5406 Hammock View Lane	<input type="checkbox"/> Add
		Apollo Beach, FL. 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melissa L. Norton	5406 Hammock View Ln.	<input checked="" type="checkbox"/> Add
		Apollo Beach, FL. 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Broker	Melissa L. Norton BK 3273240	5406 Hammock View Ln.	<input checked="" type="checkbox"/> Add
		Apollo Beach, FL. 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

Just for clarification

Changing Michael Petrillo - RA (Removing)
To Melissa L. Norton - New RA

Also - Melissa L. Norton is the
Authorized member - or Authorized
Broker

* Broker # BK3273240

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior 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 on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 08/21/2015, 2015



Signature of a member or authorized representative of a member

Melissa L. Norton

Typed or printed name of signee

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TALLAHASSEE, FLORIDA