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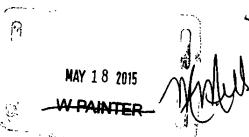
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SECRETARY OF STATE



COVER LETTER

TO:	Registration Se Division of Cor			*
CUDII		CONIGLIONE L.L.C.	,°	
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Roger A. Coniglione		
			Name of Person	
		ROGER A. CONIGLION	E L.L.C.	
			Firm/Company	
		17 Farmstead Lane		
		,, , ,	Address	
		West Hartford, Connectic	ut 06117	
			City/State and Zip Code	
,		roger.coniglione@gmail.co		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Roger	A. Coniglione		860 595-9248 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for the	e following amount:		
\$2 :	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROGER A. CONIGLIONE L.L.C.		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our recor	<u>'ds.</u>)
(TT What Dillings Dil	omy company)	
The Articles of Organization for this Limited Liability Company w	ere filed on May 05, 2015	and assigned
Florida document number L15000079044		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	C" 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 offi registered agent and/or the new registered office address here:	ce address on our record	is, enter the name of the new
estated agent and or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	10	<u> </u>
	City F	lorida <u>n</u> on <u>prozipæde</u>
New Registered Agent's Signature, if changing Registered Agent:		₩-4 -< ''
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	erformance of my duties, a	and I am familiar with and
accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office a company has been notified in writing of this change.		
ompany has veen noujied in writing of this change.		•

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>	Type of Action
president	Roger A. Coniglione	17 Farmstead Lane	■ Add
		West Hartford	□ Remove
		Connecticut 06117	Change
AMBR	Terese L. DiPillo	399 Northwest 7th Avenue	■ Add
		Boca Raton	☐ Remove
		Florida 33486	☐ Change
		·	
		** · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
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ffective date, if other t	han the date of fili	ng:	(FI) 4 00	_ (optional)	
an effective date is listed, the lote: If the date inserted	in this block does not	nd cannot be prior to date t meet the applicable s	tatutory filing requirement	ents, this date wil	rsuant to 605.020 I not be listed a:
ocument's effective date					
e record specifies a c The 90th day after to May 15	delayed effective	date, but not an	effective time, at 1	.2:01 a.m. on	the earlier of
The Souli day after	the record is med	1.			ຸປາ <u>ູ</u> ຸ
, May 15	\sim	2015	^	XX.	5 HAY 18
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	Signature of	a member or authorized	representative of a member	r of	
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Filing Fee: \$25.00