

L15000093044
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000124030 3)))



H160001240303ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : 120150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lindsay@taxsaversfl.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PALAZZI ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2016 MAY 19 AM 11:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 19 P 3:15

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palazzi 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 Liability Company were filed on 5/27/15 and assigned
Florida document number 115000093044.

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:

New Registered Office Address:

Enter Florida street address

City, State, Zip Code

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 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>
AMBR	Joseph Palazzi	14 Amberjack Ln	☒ Add
		Placida, FL 33946	☐ Remove
			☐ Change
MGR	Robert Eugene Landini	6318 Cutler Ter	☒ Add
		Port Charlotte, FL 33981	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2016 MAY 19 P 3:15
RECORDS OF STATE
TALLAHASSEE, FLORIDA

FILED

SECRET
TALLAHASSEE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

Dated May 18th 2016

Signature of _____

Signature of a member or authorized representative of a member

Joanne Palazzo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2018 MAY 19 P 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and to 65-0207 (3) b1
not be released as the