## 15000108929

Office Use Only



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## **COVER LETTER**

Division of Corporations							
SUI	DE FILIPPO	FAMILY MANAGEMENT C	COMPANY, LLC				
		Name of Limite	d Liability Company	·····			
The	enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.				
Plea	ase return all correspond	ence concerning this matter to	the following:				
		Stephanie De Filippo					
			Name of Person				
DE FILIPPO FAMILY MANAGEMENT COMPANY, LLC							
			Firm/Company	<del></del>			
		1450 Shoreline Way					
			Address	· · · · · · · · · · · · · · · · · · ·			
		Hollywood, FL 33019					
	City/State and Zip Code						
		stephanie@juicera.com					
		E-mail address: (to	be used for future annual report notificati	on)			
For	further information con	cerning this matter, please call	l:				
Ste	phanie De Filippo		954 394-8867 at ()				
Name of Person Area Code Daytime Telephone Number				ephone Number			
Enc	closed is a check for the	following amount:					
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

TO:

**Registration Section** 

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**

ARTICLES OF O	RGANIZATION 5 5
ARTICLES OF ORGANIZATION OF  DE FILIPPO FAMILY MANAGEMENT COMPANY, 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 06/23/2015  Florida document number L15000108929  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 abb  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 tregistered agent and/or the new registered office address here:	F S T
DE FILIPPO FAMILY MANAGEMENT COMPANY	PRGANIZATION  F  (,LLC  nv as it now appears on our records.)  iability Company)  were filed on 06/23/2015  and assigned.
(Name of the Limited Liability Compa	ny as it now appears on our records.)
(A Fortal Elimed E	salonity company)
The Articles of Organization for this Limited Liability Company	were filed on 06/23/2015 and assigned
	(Control of the control of the contr
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Stephanie De Filippo .
(Principal office address MUST BE A STREET ADDRESS)	1450 Shoreline Way
	Hollywood, FL 33019
Enter new mailing address, if applicable:	Stephanie De Filippo
	1450 Shoreline Way
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, FL 33019
P. If amonding the registered egent and/or registered of	tion adduses on our resembs automatic many a

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Stephanie De Filippo

1450 Shoreline Way

Hollywood

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida 33019

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>	Address	Type of Action		
MGR	ANTONIO DE FILIPPO	1143 Van Buren Street	□ Add		
		Hollywood, FL 33019	■ Remove		
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Effect	ve date, if other than the date of filing: (optional ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	) 7 ) Pursuant to	605 020	7 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	will not be	listed a	s t
he re The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the ea	arlier c	f:
Dated	NOVEMBER 16. 2016.			
	Signature of a member or authorized representative of a member			

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Typed or printed name of signee

Filing Fee: \$25.00