

L15000120937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

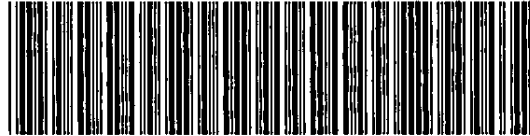
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/15--01015--037 **25.00

RECEIVED
15 NOV -3 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 NOV -3 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 04 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITRANO CONSTRUCTION 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:

ANTHONY VITRANO
Name of Person

VITRANO CONSTRUCTION LLC
Firm/Company

1815A GREEN SPRINGS CIRCLE
Address

FLORING ISLAND, FL 32003
City/State and Zip Code

Therano group @ email.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Vitrano at (904) 516-428-8674
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2015

ANTHONY VITRANO
1815A GREEN SPRINGS CIRCLE
FLEMING ISLAND, FL 32003

SUBJECT: VITRANO CONSTRUCTION, LLC
Ref. Number: L15000120937

We have received your document for VITRANO CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00022756

FILED
2015 NOV -3 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VITRANO CONSTRUCTION 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 7/14/15 and assigned Florida document number L15000120937.

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

, Florida

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> |
|--------------|-------------|-----------------------|---|
| MEMBER | JIM ROSS | 732 LAGO VISTA DRIVE | <input checked="" type="checkbox"/> Add |
| | | CANYON LAKE, TX 78133 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MEMBER | ULGA ROSS | 732 LAGO VISTA DRIVE | <input checked="" type="checkbox"/> Add |
| | | CANYON LAKE, TX 78133 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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TALLAHASSEE, FLORIDA
CITY OF TALLAHASSEE
OFFICE OF THE CITY CLERK

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(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)

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.

10/14, 2015

Signature of a member or auth

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA
2015 NOV -3 PM 3:39

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