

L15000121625

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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SEP 13 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Michelle Menzione 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:

Michelle Menzione Garcia  
Name of Person

Firm/Company

6955 Blue Skies DR  
Address

Lake Worth, FL 33463  
City/State and Zip Code

Michelle.menzione@garcia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Menzione Garcia at (561) 596-2119  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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**

Michelle Menzione 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 7/15/2012 and assigned  
Florida document number L15000121625

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Michelle Menzione Garcia, LLC

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)

6955 Blue Skies DR

Lake Worth, FL 33463

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6955 Blue Skies DR

Lake Worth, FL 33463

**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:

Michelle Menzione Garcia

New Registered Office Address:

6955 Blue Skies DR

Enter Florida street address

Lake Worth

City

Florida

33403

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.*

Michelle M. Garcia  
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	Michelle Mentione Garcia	6955 Blue Skies DR	<input type="checkbox"/> Add
		Lake Worth, FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

☐ Remove  
☒ Change  
☒ Add  
☐ Remove  
☐ Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, small marks that appear to be staple holes or punch marks. The paper is otherwise blank, with no text or other markings.

**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 September 8, 2016

Signature of a member or authorized representative of a member

Michelle Menzione Garza  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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