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(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
. (Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 TAMIAMI TRAIL NORTH - 2ND FLOOR - NAPLES, FLORIDA 34103

July 9, 2018

VIA UPS GROUND

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Matter: - LLC Filings - Moscardelli, LLC File No. 18W-851-DB

To Whom It May Concern:

For the above referenced matter enclosed please find:

- Check No. 2684 in the amount of \$60.00, representing payment for the Filing Fee, Certificate of Status, and Certified Copy for Moscardelli, LLC;
- Cover Letter for LLC; and
- Articles of Amendment to Articles of Organization.

If you have any questions, please do not hesitate to contact our office. Thank you for allowing us to be of service to you.

Respectfully,

LAW OFFICE OF CONRAD WILLKOMM, P.A.

Desiree' A. Boissiere

Legal Assistant

Enclosures

COVER LETTER

	Registration Sec Division of Corp			
orning.	MOSCARD			
SORTEC	T:		ited Liability Company	
The enclo	esed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Conrad Willkomm, Esq.		
			Name of Person	
		Law Office of Conrad Wil	lkomm. P.A.	
		- 17	Firm/Company	<u> </u>
		3201 Tamiami Trail N., 2r	d Floor	
			Address	
		Naples, FL 34103		
			City/State and Zip Code	
		conrad@swfloridalaw.com E-mail address: (to be used for future annual report no	otification)
For furthe	er information co	ncerning this matter, please ca	ıH:	
Conrad V	Villkomm, Esq.		239 262-5303	
	Name of	Person	at ()	me Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$25.0	0 Filing Fee	S30.00 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

MOSCARDELLI, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	
he Articles of Organization for this Limited Liability Company lorida document number 1.15000133821	were filed on August 5, 2015	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" of the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		5
Principal office address MUST BE A STREET ADDRESS)		
		- OF 688
		CORPC CORPC
nter new mailing address, if applicable:		000 S
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		PH 1: 3
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		er the name of the
	Enter Florida street address	
	Florida	
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Barbara Moscardelli	2467 Pinewood Circle	
		Naples, FL 34105	Remove
			Change
MGR	Jennifer B. Miller	2467 Pinewoods Circle	
		Naples, FL 34105	☐ Remove
			□ Change
MGR	Jeffrey Moscardelli	1793 Smugglers Cove	
		Naples, FL 34112	Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change

	This is a manager managed company. Any action taken on behalf of the company requires the consent of	
	both of the managers.	
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ffe	ective date, if other than the date of filing: (optional)	05.03
ot	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 6 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I	
oc	ument's effective date on the Department of State's records.	
ا ۵	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	rlier
	he 90th day after the record is filed.	iici ·
	1 - 7 67 2018	
ate	$ed = \frac{6 - 29}{6}$	
	111 An Anna Maria	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00