

L15000135945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

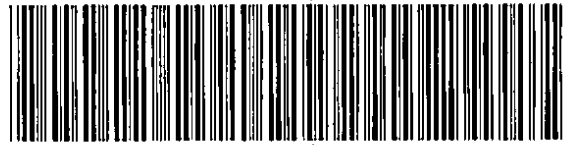
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. WARREN

AUG 07 2017

# LEE & LAZZARA

• ATTORNEYS AT LAW •

3804 W. North B Street, Tampa, Florida 33609  
T: 844.533.5299 | F: 813.606.4500  
dlazzara@leelazzara.com | www.leelazzara.com

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2017 JUL 21 PM 2: 00  
REGISTRATION  
TALLAHASSEE, FLORIDA  
VIA US MAIL

July 13, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: **1605.00001 - Pettinato**  
**EARTHDANCE FLORIDA LLC, ARTICLES OF AMENDMENT**

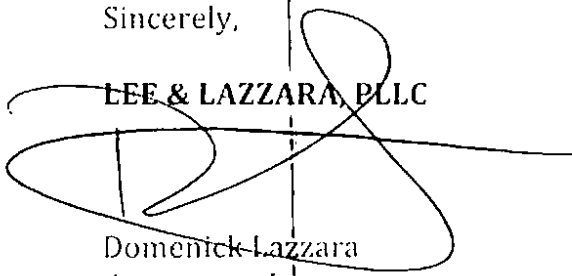
Dear Registration Section:

Please find enclosed: one completed Articles of Amendment to Articles of Organization of Earthdance Florida LLC; and one check for \$30.00 for the requisite Filing Fee and Certificate of Status.

Thank you. Should you have questions, please contact me directly at [dlazzara@leelazzara.com](mailto:dlazzara@leelazzara.com) or (813) 606-5036.

Sincerely,

LEE & LAZZARA, PLLC

  
Domenick Lazzara  
Attorney at Law

Enclosures

cc: Belinda Pettinato (VIA EMAIL)  
Louis Shaun Berbert (VIA EMAIL)

# LEE LAZZARA

• ATTORNEYS AT LAW •

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July 13, 2017

VIA US MAIL

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

4003011809114  
07/20/17--01014--008 \*\*30.00

Re: 1605.00001 - Pettinato  
EARTHDANCE FLORIDA LLC, ARTICLES OF AMENDMENT  
L15-135945

Dear Registration Section:

Please find enclosed: one completed Articles of Amendment to Articles of Organization of Earthdance Florida LLC; and one check for \$30.00 for the requisite Filing Fee and Certificate of Status.

Thank you. Should you have questions, please contact me directly at [dlazzara@leelazzara.com](mailto:dlazzara@leelazzara.com) or (813) 606-5036.

Sincerely,

LEE & LAZZARA, PLLC

Domenick Lazzara  
Attorney at Law

Enclosures

cc: Belinda Pettinato (VIA EMAIL)  
Louis Shaun Berbert (VIA EMAIL)

cancelled  
in error  
cc/art.  
amend

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EARTH DANCE FLORIDA 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:

DOMENICK LAZZARA, ESQUIRE

Name of Person

LEE & LAZZARA, PLLC

Firm/Company

3804 W. NORTH B STREET

Address

TAMPA, FLORIDA 33609

City/State and Zip Code

DLAZZARA@LEE.LAZZARA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMENICK LAZZARA, ESQUIRE

813

606-5036

at ( )

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**

EARTHDANCE FLORIDA 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 AUGUST 10, 2015 and assigned  
Florida document number 115000135945.

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: DOMENICK G. LAZZARA, ESQUIRE

New Registered Office Address: LEE & LAZZARA, PLLC, 3804 W. NORTH B STREET

Enter Florida street address

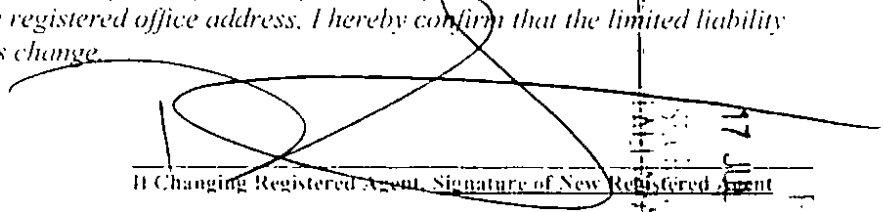
TAMPA Florida 33609

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

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TAMPA  
FLORIDA

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          | BELINDA PETTINATO   | 1718 MAIN STREET          | <input type="checkbox"/> Add               |
|              |                     | SUITE 301                 | <input checked="" type="checkbox"/> Remove |
|              |                     | SARASOTA, FLORIDA 34236   | <input type="checkbox"/> Change            |
| AMBR         | BELINDA PETTINATO   | 1718 MAIN STREET          | <input checked="" type="checkbox"/> Add    |
|              |                     | SUITE 301                 | <input type="checkbox"/> Remove            |
|              |                     | SARASOTA, FLORIDA 34236   | <input type="checkbox"/> Change            |
| AMBR         | LOUIS SHAUN BERBERT | 332 HALEY ROAD            | <input checked="" type="checkbox"/> Add    |
|              |                     | MORRISON, TENNESSEE 37357 | <input type="checkbox"/> Remove            |
|              |                     |                           | <input type="checkbox"/> Change            |
|              |                     |                           | <input type="checkbox"/> Add               |
|              |                     |                           | <input type="checkbox"/> Remove            |
|              |                     |                           | <input type="checkbox"/> Change            |
|              |                     |                           | <input type="checkbox"/> Add               |
|              |                     |                           | <input type="checkbox"/> Remove            |
|              |                     |                           | <input type="checkbox"/> Change            |
|              |                     |                           | <input type="checkbox"/> Add               |
|              |                     |                           | <input type="checkbox"/> Remove            |
|              |                     |                           | <input type="checkbox"/> Change            |

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SARASOTA COUNTY  
CLERK OF COURT  
SARASOTA, FLORIDA

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

Blank lines for amending information.

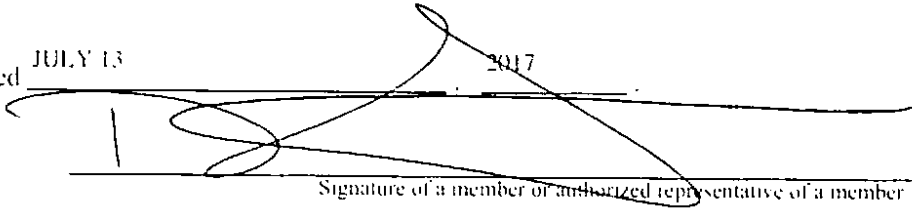
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JULY 13

2017

  
Signature of a member or authorized representative of a member

Domenic G. Lazzaro, Esq., Authorized Representative of Amco, Inc.  
Typed or printed name of signee

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

17 JUL 2017 PM 3:52

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Blonde Pettinich