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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

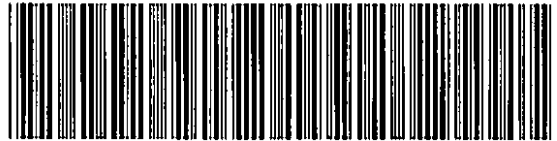
(Business Entity Name)

(Document Number)

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OCT 21 2021

LAW OFFICE
FERNANDO M. GIACHINO, P.A.
3601 SE OCEAN BOULEVARD
SUITE 204
SEWALLS POINT, FLORIDA 34996

FERNANDO M. GIACHINO, J.D., LL.M.
BOARD CERTIFIED IN WILLS, TRUSTS, AND ESTATES

PHONE (772) 266-4184
FAX (772) 210-6942
www.giachinolaw.com

September 30, 2021

Registration Section
Division of Corporations
P.O. Box 3627
Tallahassee, FL 32314

Re: Long Fin, LLC
Document Number: L15000173225
Our File: 20-012.1

To Whom It May Concern:

Please find enclosed the Articles of Amendment to Articles of Organization for the above referenced LLC along with our check in the amount of \$25.00 for the filing fee. Please return all correspondence concerning this matter to Fernando Giachino, P.A., 3601 SE Ocean Blvd., Suite 204, Stuart, FL 34996.

If you have any questions, please contact our office at (772) 266-4184.

Sincerely,

FERNANDO M. GIACHINO, P.A.



Fernando M. Giachino

FMG/cd
Enclosures

cc: Mr. Henry J. Tamagni

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STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Long Fin, 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:

Fernando M. Giachino

Name of Person

Fernando M. Giachino, P.A.

Firm/Company

3601 SE Ocean Blvd., Suite 204

Address

Stuart, FL 34996

City/State and Zip Code

fernando@giachinolaw.com

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

For further information concerning this matter, please call:

Christine DeSantis

772 266-4184
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

Long Fin, 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 October 12, 2015 and assigned
Florida document number L15000173225.

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)

3342 SE Inlet Harbor Trail

Stuart, FL 34997

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3342 SE Inlet Harbor Trail

Stuart, FL 34997

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:

Fernando M. Giachino

New Registered Office Address:

3601 SE Ocean Blvd., Suite 204

Enter Florida street address

Stuart

City

Florida 34996

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>
Mgr	Suzanne Sanders	3332 SE Inlet Harbor Trail	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mgr	Henry J. Tamagni, III	1238A Wilson Dr.	<input checked="" type="checkbox"/> Add
		Cape May, NJ 08204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL
FBI

2021 OCT 15 PM 5:10
SECURITY AREA
TALLAHASSEE, FL

PAID
2021 OCT 15 PM 5:10
SECURITY AT TALLAHASSEE, FL

(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.

Dated September 22, 2021

Henry J. Tamagni, III

Typed or printed name of signee

Filing Fee: \$25.00