## 11600005417

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100280087371

01/25/16--01026--002 \*\*25.00

FILEU

SCRETARY OF STATE

JAN 26 2016

**8 MASON** 

## **COVER LETTER**

TO: Registrat  Division of	Section Corporations	
CUDIECT.	VISONE HOLDINGS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	of Amendment and fee(s) are submitted for filing.	
Please return all co	spondence concerning this matter to the following:	
	. MICHELE VISONE	
	Name of Person	
	M&C SERVICES OF SARASOTA LLC	atus &
,	. Firm/Company .	٠
	4164 CENTER POINTE CIR #76A	
	Address	
	SARASOTA, FL 34233	
	City/State and Zip Code	
	CGOMEZGS@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further informa	n concerning this matter, please call:	
MICHELE VISON	941 735-6649 at ()	_
1	e of Person Area Code Daytime Telephone Number	
Enclosed is a checl	r the following amount:	
☑ \$25.00 Filing F	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	atus &

MAILING ADDRESS:

TO:

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**

yany as it now appears I Liability Company)  y were filed on		and assigned
y were filed on JA1	NUARY 2016	and assigned
<u>bility company he</u>	<u>re</u> :	
oility Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
4164 CENTER I	POINTE CIR #76A	
SARASOTA, FI	. 34233	
Enter Flori	da street address	
	. Florida	
City		Zip Code
<u>:</u>		
e performance of i provided for in Ci	ny duties, and I am hapter 605, F.S. Or	familiar with and if this document is
	A164 CENTER F SARASOTA, FI  SARASOTA, FI  Diffice address on re:  Enter Floria  City  ree to act in this can be performance of no provided for in City	Enter Florida street address , Florida City

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>	Name	Address	Type of Action
CRUSTIN	MICHELE VISONE	4164 CENTER POINTE CIR #76A	
MOP		SARASOTA, FL 34233	□ Remove
			Change
MGR	CRISTINA GIACCI	4164 CENTER POINTE CIR #76A ■	☐ Add
		SARASOTA, FL 34233	□ Remove
	,		□ Change
		_	Add
			Remove
•			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			A Add
			Remove Change
			RDF L Change

			· <del></del> -	
,				
	<u> </u>			
	<del></del>	· - · · - · · · · · · · · · · · · · · ·	<u> </u>	<del></del>
		•		
	<u></u>			
	,			
		<del></del>		
			-	
		<u> </u>		
				. <del>-</del>
ective date, if other than the date effective date is listed, the date must be sp	of filing:	_	(optional)	
effective date is listed, the date must be spee: If the date inserted in this block do	ecific and cannot be prior to date	of filing or more than 90 tatutory filing requirem	days after filing.) ents, this date v	Pursuant to 605.02 will not be listed
ument's effective date on the Departm			· · · · · · · · · · · · · · · · · · ·	
record specifies a delayed effe		effective time, at :	12:01 a.m. c	on the earlier
he 90th day after the record i	a meu.			
ed January 16 2	016			
ed January 19 C	<i>916</i>			
Λ /	Isola da Musica		S	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
$\langle V \rangle$	IIIIac IIIous			
Signa	ture of a member or authorized	representative of a member	er AS	~ -
Signa	nure of a member or authorized  MICHELE VIS	-	TARY OHASSEE.	¥ 25 m

Page 3 of 3

Filing Fee: \$25.00