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SECRETARY OF STATE TALLAHASSEE. FLORIDA

MAY 11 2016

S. YOUNG

### **COVER LETTER**

TO: Registration Se Division of Cor			
	IARCANO LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSEPH MARCANO		
		Name of Person	
	JOSEPH MARCANO LLO		
		Firm/Company	<b>5</b>
	1128 ROYAL PALM BEA	ACH BLVD SUITE 126	16 1114 10 PH 1: 08
	······································	Address	
	WEST PALM BEACH F	LORIDA 33411	TY TO PH
	-	City/State and Zip Code	
	JMARCPB@GMAIL.COM		
		to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please co	all:	
JOSEPH MARCANO		908 875-6499 at ( )	
Name o	f Person		elephone Number
Enclosed is a check for the	he 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)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building	

Tallahassee, FL 32314

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSEPH MARCANO LLC		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L	iability Company were filed on $\frac{02}{}$	17/2016 and assigned
Florida document number L16000033419	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :
		2.53
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	<b>O</b> 以不
		つ デin エ こ:
Enter new mailing address, if applicable:		96 X
Mailing address MAY BE A POST OFFICE	ROY	
Manning undress Multi BL 11 F OST OFFICE	<u></u>	
B. If amending the registered agent and	or registered office address on	our records enter the name of the never
registered agent and/or the new registered or		our records, enter the name of the nev
Name of New Registered Agent:	JOSEPH MARCANO	
New Registered Office Address:	1128 ROYAL PALM BEACH BL	VD
	Enter Flori	da street address
	ROYAL PALM BEACH	, Florida 33411
	NO THE THEM DESIGN	riorias

#### 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>	Address	Type of Action
AMBR	JOSEPH MARCANO	1128 Royal Palm Beach Blvd	<b>■</b> Add
		Royal Palm Beach Fl 33411	_ □ Remove
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	Also Please Add my EIN HE
	81-1524526
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<u></u>	
(If an effective Note: If the	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated Ma	ay 5 2016
	Signature of a member of authorized respesentative of a member
	Joseph Marcano  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00