L16000064893

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COVER LETTER

TO:		legistration Section Division of Corporations				
CIID 1E	The Giuliar	no Organization				
aobji		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Brian J Giuliano				
		The Giuliano Organization	Name of Person			
		8282 Barton Farms Blvd	Firm/Company			
		Sarasota FL 34240	Address			
		briangiuliano@ymail.com	City/State and Zip Code	·		
		E-mail address: (t	to be used for future annual report not	fication)		
For fur	ther information co	oncerning this matter, please ca	dl:			
Brian (Giuliano		941 6855530 at ()			
	Name of	f Person	Area Code Daytin	e Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$ 2:	5.00 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

FILED 2019 FEB 13 PM 6: 01

The Giuliano Organization L.L.C TALEAHASSEE, FL (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 March 31, 2016 ___ and assigned Florida document number _ L16000064893 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 "LI.C" or the abbreviation "LI.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: New Registered Office Address: Enter Florida street address _, Florida _

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> AMBR	Name Brian Giuliano Revocable Trust	Address 8282 Barton Farms Blvd	Type of Action
AMIDK			Add
		Sarasota FL 34240	
		 	☐ Remove
			☐ Change
AMBR	Brian Giuliano	8282 Barton Farms Blvd	
		Sarasota F1.34240	
			■ Remove
			Change
		 	□ Remove
			☐ Change
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fan cfl <mark>Vote:</mark>	ive date, if other than the date of filing: (optional) fective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier is 90th day after the record is filed.
ated	February 11 2019
_,	February 11 2019
	Im // prawar

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Typed or printed name of signee

Filing Fee: \$25.00