

L16000083687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

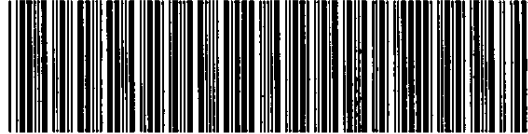
(Business Entity Name)

(Document Number)

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2016 JUL 14 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2016
12. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2016

MARCELLO GIANCOLI
19729 BLACK OLIVE LANE
BOCA RATON, FL 33498

SUBJECT: CMFG, LLC
Ref. Number: L16000083687

2016 JUL 14 PM 4:58
TALLAHASSEE, FLORIDA

We have received your document for CMFG, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A0001-1971

2016 JUL 14 P 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMFG 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:

MARCELLO GIANCOLI

Name of Person

CMFG LLC

Firm/Company

19729 BLACK OLIVE LANE

Address

BOCA RATON FL 33498

City/State and Zip Code

GIANCOLI@ME.COM

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

For further information concerning this matter, please call:

MARCELLO GIANCOLI

917 8646365
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUL 14 P 4:29

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

CMFG 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 04/28/2016 and assigned
Florida document number L16000083687.

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)

12741 sw 72 av

PINECREST FL 33156

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 _____
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

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>
MR	MARCELLO GIANCOLI	19729 BLACK OLIVE LANE	<input type="checkbox"/> Add
		BOCA RATON FL 33498	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MRS	CAROLINA GIANCOLI	19729 BALCK OLIVE LANE	<input type="checkbox"/> Add
		BOCA RATON FL 33498	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MRS	FERNANDA ZOELNER VIVOLO	12741 SW 72ND AVE	<input checked="" type="checkbox"/> Add
		PINECREST FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JUN 14 14:02
 CLERK OF STATE
 TALLAHASSEE, FLORIDA
 FILED

2018 JUL 14
SECRETARY
TALLAHASSEE

FILED
2016 JUL 14 P 4:2
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(optional)

(g.) 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.

2016

Dated

MARCELLO GIANCOLI

Typed or printed name of signee