

L16000086037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2018 APR -5 PM 12:53
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

APR 08 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Capristo Autosports 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:

Erik Krammer

Name of Person

Capristo Autosports LLC

Firm/Company

1080 S Rogers Circle

Address

Boca Raton, FL. 33487

City/State and Zip Code

Erik@carellogroup.com

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

For further information concerning this matter, please call:

Erik Krammer

561 262-2876

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

EARK KRAMMER
1080 S ROGERS CIRCLE
BOCA RATON, FL 33487

SUBJECT: CAPRISTO AUTOSPORTS, LLC
Ref. Number: L16000086037

We have received your document for CAPRISTO AUTOSPORTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Consent letter must indicate that the business has been voluntarily dissolved and have no intention of REVOKING the dissolution.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 818A00006294

RECEIVED

2018 APR -5 AM 11:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018 APR -5 PM 12:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

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To Whom It May Concern:

We are the owners of Carello Group LLC, a company that as of today has been dissolved for the purpose of changing our other company name (Capristo Autosports LLC) to Carello Group LLC. Please find within this envelope the proof of Carello Group LLC L17000088622 dissolution. Carello Group LLC has been voluntarily dissolved and we have no intention of revoking the dissolution. We would like Capristo Autosports LLC L16000086037 name changed to Carello Group LLC.

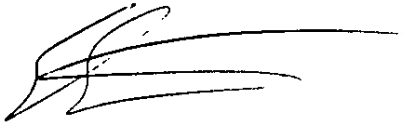
Company details should be:

Carello Group LLC

Florida document number L16000086037

Please contact Erik Krammer, 561-262-2876, Erik@carellogroup.com if there are any questions.

Thank you,
Erik Krammer


4/4/18

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Capristo Autosports 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 05/02/2016 and assigned
Florida document number L16000086037.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Carello Group LLC

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)

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TALLAHASSEE FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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 TALLAHASSEE FLORIDA

[illegible]

(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)

Dated March 24th 2018

Typed or printed name of signee

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CLERK OF STATE
PALM BEACH COUNTY, FLORIDA