

L16 0000 87545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

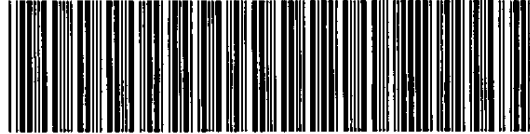
(Business Entity Name)

(Document Number)

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JUL 26 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEFS OF NAPOLI IV, 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:

DON GONZALEZ, ESQ.

Name of Person

DON GONZALEZ, P.A.

Firm/Company

1820 N. CORPORATE LAKES BLVD, SUITE 201

Address

WESTON, FL 33326

City/State and Zip Code

DONGONZALEZ@AOL.COM

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

For further information concerning this matter, please call:

DON GONZALEZ, ESQ.

954

598-0660

Name of Person

at ()

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

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STATE
CLERK OF
TALLAHASSEE, FLORIDA
16 JUL 25 PM 2:57

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

CHEFS OF NAPOLI IV, 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 05/04/2016 and assigned
Florida document number L16000087545.

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) _____

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>
AMBR	LIRIO CASINO	5400 SW COLLEGE RD	<input checked="" type="checkbox"/> Add
		SUITE 104&106	<input type="checkbox"/> Remove
		OCALA, FL 34474	<input type="checkbox"/> Change
AMBR	SALVATORE D'ISANTO	5400 SW COLLEGE RD	<input checked="" type="checkbox"/> Add
		SUITE 104&106	<input type="checkbox"/> Remove
		OCALA, FL 34474	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL 32301
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16 JUL 2017

16 JUL 25 PM 2:57

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated JULY 20, 2016

DON GONZALEZ, ESQ. AS AUTHORIZED REPRESENTATIVE OF LIRIO CASINO, MEMBER

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Filing Fee: \$25.00