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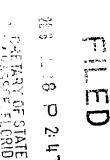
4)	Requestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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#### **COVER LETTER**

Div	ision of Corp	porations			
SUBJECT:		Holdings, LLC			
SUBJEC1:	<del></del>	Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Thomas Benedetto			
			Name of Person		
		Gambatesa Holdings, LLC			
			Firm/Company	<del> </del>	
702 Douglas Drive					
			Address	<del></del>	
		Jupiter, FL 33458			
			City/State and Zip Code		
		thnumbers@yahoo.com	to be used for future annual report notifi	(autism)	
			·	canon)	
For further in	nformation co	oncerning this matter, please ca	all:		
Thomas Ber	redetto		561 706-0758		
<del> </del>	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	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:

TO:

**Registration Section** 

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

### TO ARTICLES OF ORGANIZATION **OF**

Gambatesa Holdings, LLC			
(Name of the Limited Liability Con (A Florida Limit	<b>npany as it now appears on our re</b> ed Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Compa Florida document number	ony were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "	LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			i e di
	· · · · · · · · · · · · · · · · · · ·		1 PORTOGRA
		, (10) -> (10) -> (-> (10)	SO FORM
Enter new mailing address, if applicable:		17.7	U
Mailing address MAY BE A POST OFFICE BOX)	Profession 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	SZ	<u> </u>
		<u> </u>	=
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, <u>enter t</u>	
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florida street ad	drass	<del></del>
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ager	•		Lip Code

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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Domenick Collura	9221 SE Civic Center Place furt ST Lucie, FL 34952	□ Add
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ffective date, if other than the an effective date is listed, the date mus	: date of filing: st be specific and c	annot be prior to	date of filing or n	ore than 90 da	( <b>optional)</b> ys after filing	) ) Pursua	nt to 605.0
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Filing Fee: \$25.00