L16000142319

(Re	equestor's Name)	
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(Ad	dress)	
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, PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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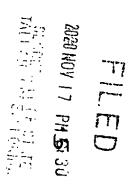




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09/24/20--01018--026 **43.75

11/17/20--01003--007 **55.00



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2020

EUGENE FERRETTI 3423 UNITY TREE DR EDGEWATER, FL 32141

SUBJECT: EUGENE FERRETTI LLC

Ref. Number: L16000142319

We have received your document for EUGENE FERRETTI LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Letter Number: 620A00021984

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	EUGIENE Name of Limi	FERRETTI ted Liability Company	uc
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	, ,
Please return all correspo	andence concerning this matter	to the following:	
	EuGne	ENE FERNETT Name of Person	7
	EUGENI	E FERRETTI Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3423 UNIT	Y TREE Address	
	EDGEWATE	ER FL 3214 City/State and Zip Code TLLC & GMALL to be used for future annual report notice	1
· · · · · · · · · · · · · · · · · · ·	EFERRET E-mail address [*] (1	TLLCEGMAIL to be used for future annual report notice	iteation)
	oncerning this matter, please or		- 941141
Name o	t Person	at (<u>386</u> 864 Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$555.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Fiorida Limited i	naomey Company)			
The Articles of Organizati	ion for this Limited Liability Company	were filed on 9/2	12016	and assi	ائرین مرکزی معادم نام
	<u> 4/6000/423/9</u>	were med on	, , , , ,	1110 11331	
•	_				
This amendment is submi-	tted to amend the following:				
A. If amending name, en	nter the new name of the limited liab	ility company here:			
T51	FERRETTI LLC uishable and contain the words "Limited Liabit				
The new name must be disting	uishable and contain the words "Limited Liabii	ity Company," the designation "LI	.C" or the abb	reviation "L.I	UC." TE
Enter new principal offi-	ces address, if applicable:	3423 UNITY EDGEWATER	TREC	5 DR	
(Principal office address	MUST BE A STREET ADDRESS)	EDGEWATER	FL	3214	<u>/ </u>
•					
,					٠,
Enter new mailing addre	ess, if applicable:				
(Mailing address MAY B	E A POST OFFICE BOX)				
					
P. If amonding the page	stered agent and/or registered office :	iddress an our records, ente	er the name	of the new	c registèred?
	gistered office address here:	interess on our records, enter	<u>:-</u> 4	E-3	
: ·			ALI		
Name of New R	egistered Agent:		<u> </u>	<u> </u>	
New Registered	Office Address:		: 2	17	
		Enter Florida street addr	(SS) 71	= P#	m
	<u></u>		i Iorida <u>-</u>	<u> </u>	
4		City		=Zip Cede □ □ □	· .
•	ignature, if changing Registered Agent:				
	ointment as registered agent and agr s relative to the proper and complete				
	s retailve to the proper and complete f my position as registered agent as _l				
	lect a change in the registered office	address, I hereby confirm t	that the lim	ited liabili	t <u>v</u> .
company has been notifi	ied in writing of this change.				•

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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TAMMY JAKUBIAK		□Add
	/	3416 UNITY TREE EDGE	wATE Remove
		34/6 UNITY TREE EDGE PL 3214/	□Change
:			□Add
			□Remove
			□Change
			: □Add
			□Remove .
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			□Remove
			Change
· · · · · · · · · · · · · · · · · · ·			□ Add .
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). If am	ending any other information, enter change(s) here: IAttach additional sheets, if necessary.)	
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E. Effec	tive date, if other than the date of filing:	
(If an et Note:	flective 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 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records.	5.0207 (3)(ted as the
: a i	. The state of the	or the
f the reco ecord is t	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte filed.	er me
•		
Dated	1/12/2020	•. • :
	1/12/2020	
	Signature of a member or authorized representative of a member	
	EVGENE FERNETT) Typed or primed name of signee	•
	Ches or largest titue at allies	

Filing Fee: \$25.00