

**L16000199921**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600293059396**

12/12/16--01019--025 \*\*55.00

**FILED**

**2016 DEC 12 PM 2:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**K. SALY**

**DEC 13 2016**

**LAW OFFICE OF ROY A. LIST**

**109 NEWBRIDGE ROAD  
HICKSVILLE, NEW YORK 11801-3908**

**PHONE: 516-822-4100 FAX: 516-822-2178 EMAIL: rlist@listlaw.net**

**ROY A. LIST**

**MICHAEL L. GOLDSMITH  
CHRISTOPHER C. HANER  
KEVIN Q. TYRRELL**

December 7, 2016

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Formation of Felicia LLC  
Our File No. 13262

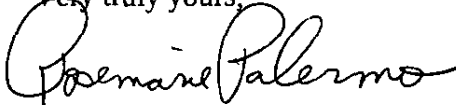
Dear Sir/Madam:

Enclosed is a signed amendment to articles of organization with respect to the above limited liability company.

Also enclosed is a check payable to the Florida Department of State in the amount of \$55.00 representing your fee for filing and one certified copy of amendment.

Please return such certified copy in the enclosed self-addressed envelope.

Very truly yours,



Rosemarie Palermo

Enclosures

By Certified Mail - Return Receipt Requested

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FELICIA 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:

ROY A. LIST, ESQ.

Name of Person

LAW OFFICE OF ROY A. LIST

Firm/Company

109 Newbridge Road

Address

Hicksville, New York 11801

City/State and Zip Code

rlist@listlaw.net

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

For further information concerning this matter, please call:

ROSE PALERMO

at ( 516 ) 822-4100

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

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

FELICIA LLC

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

**FILED**  
2016 DEC 12 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/1/2016 and assigned  
Florida document number 116000199921.

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:**

1920 South Ocean Drive, Apt. 20B

**(Principal office address MUST BE A STREET ADDRESS)**

Hallandale Beach, FL 33009

**Enter new mailing address, if applicable:**

1920 South Ocean Drive, Apt. 20B

**(Mailing address MAY BE A POST OFFICE BOX)**

Hallandale Beach, FL 33009

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

FILED  
2016 DEC 12 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
2016 DEC 12 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**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.

Dated November 17, 2016



Signature of a member or authorized representative of a member

SILVIA PEDRINELLI MASCI

Typed or printed name of signee