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(Requestor's Name)

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(City/State/Zip/Phone #)

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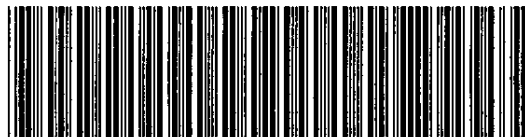
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAR 06 2017

**MATTHEW L. DEVICCHIO CO., L.P.A.**  
**A LEGAL PROFESSIONAL ASSOCIATION**  
**3855 Starr's Centre Dr.**  
**Suite 1**  
**Canfield, Ohio 44406**  
**(330) 533-3715**  
**Fax (330) 533-3763**  
**E-mail: mldevicchio@aol.com**

February 27, 2017

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: M Mercato LLC  
Florida Document No.: L16000212384

Gentlepersons:

Enclosed please find the following documents:

- Cover Letter;
- Articles of Amendment to Articles of Organization; and
- Check No. 4014 in the amount of \$60.00 representing payment for the filing fee, certificate of status and certified copy.

Please feel free to contact me with any questions. Please direct any correspondence in this matter to the undersigned.

Very truly yours,

MATTHEW L. DEVICCHIO CO., L.P.A.

  
By: Matthew L. DeVicchio

Cc via email: O. Kariste

ENCLOSURES

MLD/mlc

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M Mercato 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:

Matthew L. DeVicchio, Esq.

\_\_\_\_\_  
Name of Person

Matthew L. DeVicchio, Co., L.P.A.

\_\_\_\_\_  
Firm/Company

12405 Muddy Creek Lane

\_\_\_\_\_  
Address

Fort Meyers, Florida 33913

\_\_\_\_\_  
City/State and Zip Code

atty@matthewdevicchiolaw.com

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

For further information concerning this matter, please call:

Matthew L. DeVicchio, Esq.                      330              307-4496  
\_\_\_\_\_  
Name of Person                      at (              )                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

M Mercato 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 November 18, 2016 and assigned  
Florida document number L16000212384.

This amendment is submitted to amend the following:

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

M Pipers Crossing 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)

**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

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:

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**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
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**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.

Dated February 27, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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