## 117000057818

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(City/State/Zip/Phone #)
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(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2017

ADAM BERGMAN 1688 MERIDIAN AVE STE 504 MIAMI BCH, FL 33139

SUBJECT: FIASCONE FAMILY LLC

Ref. Number: L17000057818

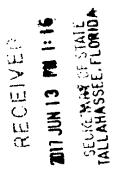
We have received your document for FIASCONE FAMILY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 917A00011123



## **COVER LETTER**

то:	Reg Divi	istration Sec ision of Corp	ction porations		
ernie	eer.		FAMILY LLC		
SUBJE	CTi		Name of Limi	ted Liability Company	
The enc	losed	Articles of A	Amendment and fee(s) are subt	nitted for filing,	
Please r	eturn	all correspor	ndence concerning this matter	to the following:	
			ADAM BERGMAN		
				Name of Person	
				Firm/Company	<u></u>
1688 MERHDIAN AVE SUITE 504					
				Address	
	MIAMI BEACH, FL 33139				
	City/State and Zip Code				
			LLC@IRAFINANCIALGR E-mail address: (i	o be used for future annual report notif	ication)
For furt	ther in	nformation co	oncerning this matter, please co	all:	
нида	KRY I	KOESKY		305 330-4913	
		Name of	Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a	a check for th	e following amount:		
\$25	5.00 F	iling 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)
			ING ADDRESS:	STREET/COURI Registration Sectio	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIASCONE FAMILY ELC			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.1700005718}{1.1700005718}$ .	any were filed on MARCH 13, 2017	and assigned	
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 I	.iability Company," the designation "LLC" or the abl	breviation "T.T.C."	
Enter new principal offices address, if applicable:		NOF L	<u>п</u> =
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		n
The Articles of Organization for this Limited Liability Comp Florida document number 1.1700005718  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited I fine new name must be distinguishable and contain the words "Limited I 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)		% 3: 50 ₩ 3: 50	O
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the	<u>new</u>
	<u></u> .		
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florida street address		
	Cuy Florida	Zıp Code	÷
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>		

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. Thereby 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>	Name	Address	Type of Action
AR	ADAM BERGMAN	1688 MERIDIAN AVE STE 504	□ Aðd
		MIAMI BEACH, FL 33139	■ Remove
			☐ Change
			FILED AND STORY
			ું. □તુંડિંગ □તુંડિંગ
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Effective date, if other fan effective date is listed, d <u>Note:</u> If the date inserted document's effective date	ne date must be specific a Lin this block does no	ind cannot be prior t meet the applic	able statutory filii	(option nore than 90 days after fil ng requirements, this d	ing.) Pursuant to 60:	5,0207 (3)d ed as the
ne record specifies a The 90th day after	delayed effective the record is file	e date, but no d.	t an effective	time, at 12:01 a.r	n. on the earli	er of:
Dated MAY 19	$\setminus$	2017				
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Page 3 of 3

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