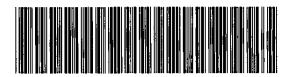
# 17000064424

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | rsiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    | -           |
|                         |                    |             |
|                         |                    |             |

Office Use Only



400297891754

04/14/17--01022--017 \*\*25.00



APR 1 8 2017

~!!LKER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2017

WILLIAM C FONTICIELLA 110 MORGATE CIRCLE ROYAL PALM BEACH, FL 33411

SUBJECT: FONTICIELLA PROPERTY MANAGEMENT LLC

Ref. Number: L17000064424

We have received your document for FONTICIELLA PROPERTY MANAGEMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Letter Number: 217A00006432

Deborah Bruce Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |
|--|---|---|--|
| SUBJECT:                               | Name of Lim                                     | PROPERTY M<br>ited Liability Company                                | IANAGENIENT. LLO   |
| The enclosed Articles of               | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please return all correspondence       | ondence concerning this matter                  | to the following:   |  |
|  | WILLIA  | M C. FONT   | CIELLA   |
|  | FONTICIELLA                                     | PROPERTY MA<br>Firm/Company   | NAGEMENT LIC.  |
|  |   | Novgate Civ   | cle  |
|  | Roya  | Novgate Civ<br>Adress<br>Plan Beac<br>City/State and Zip Code       | h, FL 334/1  |
|  |   | 126 gmail. Con be used for future annual report notif               |  |
| For further information c              | oncerning this matter, please ca                | all:  |  |
| NIL LIAM FO                            | ONTICIELLA<br>f Person                          | at (501) 350<br>Area Code Daytime                                   | - 3£ 79<br>Telephone Number  |
| Enclosed is a check for the            | ne following amount:                            |   |  |
| \$25.00 Filing Fee                     | □ \$30.00 Filing Fee &<br>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

FONTICIFULA PROPERTY MANAGEMENT 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  | 3/24/12   | and assigned             |
|--|---|--------------------------|
| The Articles of Organization for this Eminted Elability Company were fried on  | <u> </u>  | and assigned             |
| Florida document number <u>L17000064424</u> .  |   |                          |
| This amendment is submitted to amend the following:  |   |                          |
| A. If amending name, enter the new name of the limited liability company   | <u>v here</u> :   |                          |
| The new name must be distinguishable and contain the words "Limited Liability Company," t  | he designation "LLC" or the abbrevia  | ntion "L.L.C."           |
| Enter new principal offices address, if applicable:  |   |                          |
| (Principal office address MUST BE A STREET ADDRESS)  | f.··.   | 7 /                      |
|  |   | PR                       |
|  | 9.7<br>977<br>057   | <del></del>              |
| Enter new mailing address, if applicable:  | i.i.  |                          |
|  | 6   |                          |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                          |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: | on our records, enter the   | name of the nev          |
| Name of New Registered Agent: WILLIAM  | 1 C. FONTICIE   | LLA                      |
| New Registered Office Address: // Mac  | rgate Civcle<br>Fjorda street address   |                          |
| - Royal Palm   | A C. FONTICIE<br>Projecte Civcle<br>Forda street address<br>Beach, Florida 33 | 3 <b>4    </b><br>p Code |
| New Registered Agent's Signature, if changing Registered Agent:  |   |                          |

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> | Name              | Address   | Type of Action          |
|--------------|-------------------|---|-------------------------|
| MBR          | William Fonticiel | 1/2 110 Morgate CIVILLE<br>Royal Palm Beach, FI | <b>D</b> Add            |
|              |                   |   | □ Remove                |
|              |                   |   | Change                  |
|              |                   |   | Add                     |
|              |                   |   | Remove                  |
|              |                   | ) •<br>(**<br>                                  | Change                  |
|              |                   |   | <b>□⊅₹∂</b> d           |
|              |                   | · · · · · · · · · · · · · · · · · · ·           |                         |
|              |                   |   | Romove  Control  Change |
|              |                   |   | Add                     |
|              |                   |   | □ Remove                |
|              |                   |   | Change                  |
|              |                   |   | □ Add                   |
|              |                   |   | Remove                  |
|              |                   |   | Change                  |
|              |                   |   | D Add                   |
|              |                   |   | Remove                  |
|              |                   |   | _□ Change               |

| 162      |
|----------|
|          |
| CT: Page |
|          |
|          |

Page 3 of 3

Filing Fee: \$25.00