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D. SCOTT OCT 1 3 (1



2017 OCT 12 PH 12: 02 FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2017

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MANUEL CANNONE 5600 COLLINS AVE #APT 16 Y MIAMI BEACH, FL 33140

SUBJECT: 2600 ALLAPATHA LLC Ref. Number: L17000089209

We have received your document for 2600 ALLAPATHA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6051

Dionne M Pijeaux Regulatory Specialist

Letter Number: 717A00017357

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Division of Comparationa, DO ROX 6297 Tallahagaaa Florida 29214

COVER LETTER

TO: **Registration Section Division of Corporations**

AllaPat 002 SUBJECT: 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:

Manuel Cannone Name of Person 2600 AllaPatha LLC 5600 Collins Ave # APT 16 Miumi Beach FL 33140 City/State and Zip Code <u>Manuel. canone ganail.</u> Com E-mail address: (to be us for luture annual report notification) 11 For further information concerning this matter, please call: J ar (76) 838-Tsanaan: 3114 ÷ Daytime Telephone Number 0

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

ARTI		MENDMEN	T			
	ТО					
ARTIC	LES OF OF	RGANIZATI	ION			
	OF					
2600 Allapatho	LLC Liability Company Florida Limited Lia	as it now appears bility Company)	on our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L1700008920</u>		ere filed on _ <u>O</u> C	1/21/201	}	and as	signed
This amendment is submitted to amend the followi	ng:					
A. If amending name, <u>enter the new name of th</u>	<u>e limited liabili</u>	ty company her	<u>e</u> :			
The new name must be distinguishable and contain the word	s "Limited Liability	"Company," the des	ignation "LLC"	or the abb	neviation "I	L.C.''
Enter new principal offices address, if applicabl	e:					
(Principal office address MUST BE A STREET A	IDDRESS)					·
			·			
Enter new mailing address, if applicable:						
• • • • • • • • • • • • • • • • • • • •	. • 71	<u> </u>		•• <u> </u>		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>				1.1	
					,	• •
B. If amending the registered agent and/or	registered offi	ce address on	our records.	enter t	he_name	of the new
registered agent and/or the new registered office					2.2	
					}	
				-	J	\bigcirc
Name of New Registered Agent:				<u></u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
New Registered Office Address:					03	
New Registered Office Address.		Enter Floria	la street address			
			, Floi	rida		
-	<u>.</u>	City	, 1 101		Zip Code	<u> </u>

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AR_	IOVINO, LUCA	5600 Collins AVE APT 16	
		Miani Beach, FL 3310	1 DB Remove
			🗆 Change
VP	Cannone, Manuel	5600 Collins Ave APT	16 Jad
		Miami Beach, FL 331	
			K Change
ρ	Pugliese, Silvio	5600 Collins AVE APT	5 Y BI Add
	5	Miani Beach, FL 3314	C Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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) <u>Note:</u> 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	
	Signature of a number or authorized representative of a member
	Signature of a high ber or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00