

L17000101619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

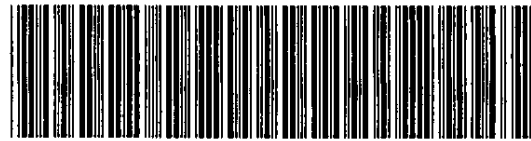
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 16 2018

J. LEGGETT
APR 12 2018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 11 PM 2:58

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rosatis FM 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:

Liz Lupella
Name of Person

Firm/Company

1402 McGregor Park Cr
Address

Fort Myers FL 33908
City/State and Zip Code

lizlupella@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Lupella at (816) 570-7229
Name of Person Area Code Daytime Telephone Number

← Please
call if there
are any other
issues

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

Rosatis FM LLC

CHI PIZZA LLC

Page 1 of 3

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>
AMBR	Sim Lupella	1402 McGrege Park Circle	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jordan Lupella	11211 Everblades Parkway	<input checked="" type="checkbox"/> Add
		ESTERO FL	<input type="checkbox"/> Remove
		33912	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

I received a notice that a previous ammendment I sent to you was incorrect in some way. I hope this fixes all the details. The final LLC should look like this;

Name - CHI Pizz LLC

3 Authorized Members are

1) Elizabeth Lupella AMBR

2) Jim Lupella AMBR

3) Jordan Lupella AMBR

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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

4/5/2018


Signature of a member or authorized representative of a member

Elizabeth Lupella
Typed or printed name of signee