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(F	Requestor's Name)	
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	ΡΟ ΡΛΙΟ Ι				
SUBJECT:			ited Liability Com	pany l	
		Amendment and fee(s) are sub ndence concerning this matter			
		BRIAN MANISCALCO			
			Name of Pe	erson	
		BRIAN MANISCALCO L	.LC		
			Firm/Com	pany	<u></u>
		1315 S. INTERNATIONA	AL PKWY STE.	1101	
			Address	s	
		LAKE MARY, FL 32746			
			City/State and 7	2ip ['] Code	
		BAMANISCALCO@HOT		re annual report noti:	Tention
For further in	formation co	oncerning this matter, please ca			ication)
BRIAN MAI	NISCALCO		407	\$33-0844	
	Name of	Person	at (Area C) lode Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	lling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified (additional		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314		STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF A	MENDMENT	
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ARTICLES OF O	RGANIZATION	ILAT
OF	1	2017
01		UL 2L
		SELVER PH 4: 20
PO PALO LLC		ALLANDARY STORY
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y <u>asfit now appears on our recor</u> ability Company) 	2017 JUL 24 PM 4:29 SECRETARY OF STATE MALLAHASSEE. FLOPID
The Articles of Organization for this Limited Liability Company w	6/22/2017	and assigned
		and assigned
Florida document number L17000135889		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
A. If amending name, <u>enter the new name of the named name</u>	<u>ay company nere</u> .	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	1	
	1	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1	
B. If amending the registered agent and/or registered off		ds, <u>enter the name of the new</u>
registered agent and/or the new registered office address here:	, L	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	1	lorida
	Gity City	Zip Code
Num Desistand Agent's Signature if abouting Desistand Action		· ,
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, <u>enter the title, name, and address of each person being added</u> or removed <u>from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Name</u> <u>Address</u> Title MARIA PALO 9418 ASHMORE LANE AMBR 🖬 Add ORLANDO, FL 32825 Remove Т Change D Add Remove Change C Add 135561 24 FI OIL \square 🗆 Add □ Remove Change 🗆 Add Remove Change Add 🗆 C Remove Change



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) (It 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 <u>7/21</u>. <u>Brian Maniscalto</u> Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00