L1700234362

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COVER LETTER

TO:		ion Section of Corporations	
CLUD II		panini Florida LLC	
SUBJE	ECT:	Name of Limited Liability Company	
The en	closed Artic	les of Amendment and fee(s) are submitted for filing.	
Please	return all co	prrespondence concerning this matter to the following:	
		Benjamin B. Bush	
		Name of Person	
		Gardner, Bist, Bowden, Bush, Dee, LaVia & Wright, P.A.	
		Firm/Company	
		1300 Thomaswood Drive	
		Address	
		Tallahassee, Fl. 32308	~5
		City/State and Zip Code	. ;
		ben@gbwlegal.com	1
		E-mail address: (to be used for future annual report notification)	3
For fur	ther informa	ation concerning this matter, please call:	٠.
Benja	min B. Bush	at ()	,
	ì	Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a checl	k for the following amount:	
■ \$2	5.00 Filing 1	Fee \$\Bigcup \$30.00 \text{Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \Bigcup \$\text{S60.00 \text{Filing Fee & Certified Copy (additional copy is enclosed)}} \Bigcup \$\text{Certified Copy (additional copy is enclosed)} \Bigcup \$\text{Certified Copy (additional copy is enclosed)} \Bigcup \$\text{Certified Copy (additional copy is enclosed)}} \Bigcup \$\text{Certified Copy (additional copy is enclosed)} \Bigcup \$Certified Copy (additional cop	Status & . V

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

Campanini Florida LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Corforida document number <u>L17000234382</u>	mpany were filed on 11/15/2017	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		<u>~?</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7
		<u> </u>
3. If amending the registered agent and/or registe registered agent and/or the new registered office addre	· •	enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
The Wegiglered Office Address.	Enter Florida street address	
	, Flori	da
	City	Ua Zip Code

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	<u>Address</u>	Type of Action
MGR	Stacia K. Madden	55 Laird Road	
		Colts Neck, NJ 07722	□ Remove
			☐ Change
			□ Remove
			Change
			
			Remove
			Change
			Add
			Remove
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the app	licable statutory filing r	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605,0207 (vill not be listed as)
ne record specifies a delayed The 90th day after the reco		not an effective tim	ne, at 12:01 a.m. o	on the earlier of
Dated	2017			
1.	Ble			
	Signature of a member or au	thorized representative of	a member	

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Typed or printed name of signee

Filing Fee: \$25.00