## 11800004357

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TALLAHASSEE FLOWER

## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Carols	. DiNallo,	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ca	irol DiNal	lo
	^ .	Name of Person	
	Carol	S. D. Nal	o, LLC
	PO	Box 170	5
		0 (	FL 33429
		roldinallo (	yahoo, com
For further information c	oncerning this matter, please ca		epor normation)
0 1			
<u> </u>	D. Nallo f Person	at ((o \ \ 7) Area Code	571 - 4146 Daytime Telephone Number
, mile		, 0	
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle sec. FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number \_\_\_ <u>L18</u> 00000 4357 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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

MGR = M AMBR = A	anager uthorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
AMBR	Carol S. Di Nallo	401 NE	Mizner Blud., Apt 60	<u>7</u> □ Add
		Boca R	Mizner Blvd., Apt 600 atun, FL 33432	Remove
				Change
				D Add
				□ Remove
				Change
		_	<u>-</u>	□ Add
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				_□ Change

D. If amo	ending any othe⊳information, enter change(s) here: <i>(Attach ad</i>	litional sheets, if necessary.)	
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(If an ef) <u>Note:</u>	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effectiv 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of	f:
Dated	Jebruary 6. 2018.		
	Signature of a member or authorized representa	tive of a member	
	Typed or printed name of signer	(// <u>)</u>	

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Filing Fee: \$25.00