

L18000106196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

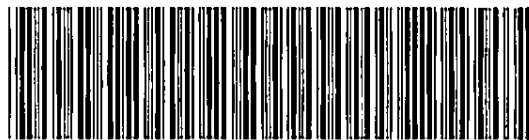
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT 15 4:05

COMMISSIONS

OCT 15 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pistachio's Ice Cream and Coffee Bar, 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:

Amy Castrogiovanni

Name of Person

Firm/Company

5479 NW Cambo Ct

Address

Port Saint Lucie, FL 34986

City/State and Zip Code

amycastrogiovanni@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Castrogiovanni

860 681-8059
at ()

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 SEP -4 PM 4:05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

2020 SE -4 PM 4:05

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Amy Castrogiovanni	5479 NW Cambo Ct	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34986	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Andre Castrogiovanni	5479 NW Cambo Ct	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

~~2020 SEP -4 PM 4:05~~

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 August 20 2020

Angela Garrison
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Amy Castrogiovanni

Typed or printed name of signee