

L18000206073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

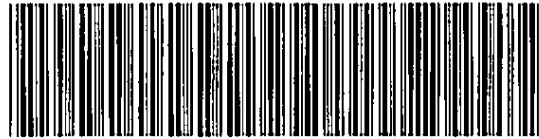
(Business Entity Name)

(Document Number)

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150 E. Palmetto Park Road, Ste. 800  
Boca Raton, Florida 33432  
**Phone:** 561.531.0417  
**Email:** Sydney@kocherlawfirm.com  
www.kocherlawfirm.com

Sydney Smith Kocher, Esq.

January 9, 2023

**VIA U.S. MAIL**

Division of Corporations  
c/o Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Fiore, Capri, Anthony, LLC (Doc. No. L18000206073)  
Card Shark, LLC (Doc No. L13000014733)

Dear Sir or Madam:

Please find enclosed the following documents for processing:

1. Articles of Amendment for Fiore Capri Anthony, LLC; and
2. Articles of Amendment for Card Shark, LLC.

I have enclosed Check Nos. 1078 and 1079 for the related filing fees. Kindly update your records to reflect the requested changes. Once processed, please send the confirmation email to my client, Matthew Aaron Midgett at matt@rtfinancialgroup.com.

Thank you for your attention to this matter. Kindly reach out to me if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Sydney Kocher'.

KOCHER LAW FIRM, PLLC

By: Sydney Smith Kocher, Esq.

Encs.

2023 JAN 10 AM 8:27  
SF  
TALLAHASSEE, FL 32314  
FED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIORE CAPRI ANTHONY, 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:

Matthew Aaron Midgett

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4020 NE 30TH AVENUE

\_\_\_\_\_  
Address

LIGHTHOUSE POINT, FL 33064

\_\_\_\_\_  
City/State and Zip Code

matt@rtfinancialgroup.com

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

For further information concerning this matter, please call:

Matthew Aaron Midgett

561 628-1994  
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

2023 JUN 13 AM 8:27  
-SEC  
TALLAHASSEE, FL 32303

FED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FIORE CAPRI ANTHONY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/28/2018 and assigned  
Florida document number L18000206073.

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 "LLC."

**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

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Matthew Aaron Midgett, as Trustee of the Matthew Aaron Midgett Trust	4020 NE 30TH AVENUE	<input checked="" type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Midgett, Matthew A	4020 NE 30TH AVENUE	<input type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

January 6, 2023



Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Matthew Aaron Midgett  
Typed or printed name of signee

2023 01 01 00:28  
SPT  
TALANTA SECTIO

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