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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

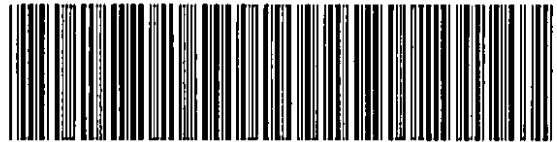
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2019 OCT -4 PM 3:25

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CASA GIGI 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 IACOBELLI

Name of Person

CASA GIGI LLC

Firm/Company

8891 SW FISHERMANS WHARF DRIVE

Address

STUART, FL 34997

City/State and Zip Code

iconunderground@comcast.net

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

For further information concerning this matter, please call:

MATTHEW IACOBELLI

772 446-2547  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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



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 IACOBELLI	8891 SW FISHERMANS WHARF DRIVE	<input type="checkbox"/> Add
		STUART, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEW IACOBELLI	8891 SW FISHERMANS WHARF DRIVE	<input checked="" type="checkbox"/> Add
		STUART, FL 34997	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAREN IACOBELLI	8891 SW FISHERMANS WHARF DRIVE	<input type="checkbox"/> Add
		STUART, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAREN IACOBELLI	8891 SW FISHERMANS WHARF DRIVE	<input checked="" type="checkbox"/> Add
		STUART, FL 34997	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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10/01/2019

**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.

Dated OCTOBER 01, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee