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(Reque	stor's Name)	
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PICK-UP	(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  fied Copies Certificates of Status ecial Instructions to Filing Officer:	MAIL
(Busine	ss Entity Name)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
CHRIE		LI SISTERS LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		STEPP, PAMELA		
			Name of Person	
		STROMBOLI SISTERS L		Code    Solution   Sol
			Firm/Company	
		9824 US HIGHWAY 19	. In Conquery	
			Address	<del></del>
		PORT RICHEY, FL 34660		
		-	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please c	all:	
PAMEL	A STEPP			
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
,	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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**

	10	
ARTICL	ES OF ORGANIZATION	
	OF	12 B
STROMBOLI SISTERS LLC		and assigned 9
(Name of the Limited Lia	ability Company as it now appears on our records.) orida Limited Liability Company)	70
(A FII	orida Entitled Erabitity Company)	بې
The Articles of Organization for this Limited Liabilit	y Company were filed on 03/14/2019	and assigned
Florida document number L19000072376	- · · ·	
Florida document number	·	ř
This amendment is submitted to amend the following	y.	
A IC No	e -	
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 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re		nter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
-	Floric	ia Ziv Code
	Cnj	rap conc

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>	Type of Action
AMBR	SLUSSER, DENE	9824 US HIGHWAY 19 PORT RICHEY, FL 34668	□ Add
			■ Remove
	CTION DANGE	0024 1/2 1/1/2 1/1/2 1/1/2	Change
MGR	STEPP, PAMELA	9824 US HIGHWAY 19 PORT RICHEY, FL 34668	
		CHANGE TO MGR FROM	Remove
		AMBR	E Change
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iote: If the	date inserted i	date must be spec in this block does on the Departme	s not meet t	he applicable s	e of filing or more statutory filing re	than 90 days after quirements, this	onal) filing.) Pursuant to 6 date will not be l	505.0207 isted as
		delayed effect the record is		but not an	effective tim	e, at 12:01 a	.m. on the ear	rlier o
ated		du 14	 	2019				
	H /		11/Cr	11				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00