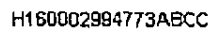


12/7/2015

NO. 2526 P. 1/7

Florida Department of State  
Division of Corporation  
Electronic Filing Cover Sheet

((H16000299477 3)))



**To:**

**From:**

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TALLAHASSEE FLORIDA  
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Email Address: dina.reed@cfl.rr.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CIROTTI ENTERPRISES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Help

DEC 8 2016

DEC. 7. 2016 10:26AM

(((H1000029947 3)))

NO. 2526 P. 4/7

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cirotti Enterprises, L.L.C.

\_\_\_\_\_  
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:

D. Scott Baker, Esq.

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

Zimmerman Kiser Sutcliffe, P.A.

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

315 E. Robinson Street, Suite 600

\_\_\_\_\_  
Address

Orlando, FL 32801

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

SBaker@zkslawfirm.com

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

For further information concerning this matter, please call:

D. Scott Baker, Esq.

at ( 407 ) 425-7010

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

(((H16000299477 3)))

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16 DEC -7 AM 9:41  
TALLAHASSEE, FL  
SECRETARY OF STATE

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

Cirotti Enterprises, L.L.C.

(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 10/22/1999 and assigned  
Florida document number L99000006957.

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 "L.L.C."

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)

14413 Centralia Road

Brooksville, FL 34614

**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:

Dina Reed

New Registered Office Address:

4617 Suñwell Drive

*Enter Florida street address*

Orlando

Florida

*City*

32812

*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

DEC. 7. 2016 10:26AM

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NO. 2526 P. 6/7

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

Title	Name	Address	Type of Action
MGR	Dominick Cirotti	500 Oloju Drive	<input type="checkbox"/> Add
		Winter Park, FL 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Casandra Lee	14413 Centralia Road	<input checked="" type="checkbox"/> Add
		Brooksville, FL 34614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Philomena Adams	14413 Centralia Road	<input checked="" type="checkbox"/> Add
		Brooksville, FL 34614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dina Reed	4617 Snellwell Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32812	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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 12-6, 2014

Camacho, J. A.

Signature of a member or authorized representative of a member

Christandra Lee

Typed or printed name of signer

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