

3/28/2014

Mar. 28

2014

3:52AM

Division of Corporations

No. 1524 P. 1

200576

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KATZ & DOORAKIAN LAW FIRM, P.L.L.C.
Account Number : 1201000000035
Phone : (561) 721-6719
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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANCLOTE CORNER ASSOCIATES, L.C.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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14 MAR 26 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anclote Corner Associates, 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:

Daniel Doorakian, Esq.
Name of Person
Katz & Doorakian Law Firm, P.L.
Firm/Company
625 N. Flagler Drive, Suite 605
Address
West Palm Beach, FL 33401
City/State and Zip Code
spizzitola@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Doorakian at (561) 721-6730
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Anclote Corner Associates, 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 5/26/92 and assigned
Florida document number Z00576

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 end with 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)

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

((H14Mar. 26. 2014)10:53AM

No. 1524 P. 4

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Frank Pizzitola	733 Park Ave.	<input type="checkbox"/> Add
		New York, NY 10021	<input checked="" type="checkbox"/> Remove
MGRM	Elizabeth Pizzitola	733 Park Ave.	<input type="checkbox"/> Add
		New York, NY 10021	<input checked="" type="checkbox"/> Remove
MGR	Stephen Pizzitola	188 East 70 th Street	<input checked="" type="checkbox"/> Add
		New York, NY 10021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


((H14Mar. 26. 2014)10:53AM

No. 1524 P. 5

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)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated March 25, 2014.

 *authorized rep*
Signature of a member or authorized representative of a member
Daniel Deorakian
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00