L210000359Z1

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	_
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COVER LETTER

TO: Registration Se Division of Cor		⊌	
Ashley Pigr	nato Management, LLC.		• •
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ashley B Pignato		
		Name of Person	
	Ashley Pignato Manageme	ent, LLC.	
		Firm/Company	
	7249 Heaven Lane		
		Address	· · · · · · · · · · · · · · · · · · ·
	Fort Myers, FL 33908		
		City/State and Zip Code	
	ashleybpignato@gmail.com E-mail address: ()	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	·	
Ashley B Pignato		239 292-1744	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ashley Pignato Management, LLC.		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records rida Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.21000035921	<u></u> .	
his amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC"	For the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		20
		7
B. If amending the registered agent and/or registe	red office address on our records, <u>enter</u>	the name of the new register
igent and/or the new registered office address here	<u>e</u> :	TOP CONTRACTOR
		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		<u> </u>
		ع د
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flo	orida Zip Code
	\.(t)	2,112 X,5214C

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 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
MGR	Ashley B Pignato	7249 Heaven Lane	
		Fort Myers, FL 33908	□Remove
			□Add
		C-15-50***	□Remove
			□Add
		***	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			Change
			🖸 Add
			□Remove
			□Change

February 26th 2021					
The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tified. Department of State's records.			·		
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Signature of a member of a member of a member	20	·			
		Alley B.	Pignoto	nember	
organistic or a metalet or additioned representative or a member		gance or a meaning of autho	co representative or a til	emizi	

Filing Fee: \$25.00