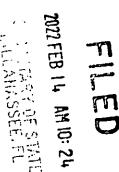
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(R	lequestor's Name)	
(A	ddress)	
,		
(A	ddress)	
(C	city/State/Zip/Phone #)	
	•	
PICK-UP	WAIT	MAIL
		
(8	Business Entity Name)	
(D	Ocument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to F	Filing Officer:	
. —		

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

5555 7m LLC			
· · · · · · · · · · · · · · · · · · ·			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA_Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
		<u> </u>	Cert. Copy
			Photo Copy
			Certificate of Good Standing
		ļ <u> </u>	Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
•			Vehicle Search
			Driving Record
Requested by:			UCC or 3 File
Nama	Data Ti		UCC 1 Search
Name	Date Ti	me	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: Registration Sec Division of Corp	tion orations				
SUBJECT:	5555 1m LLC				
Name of Limited Liability Company					
The enclosed Articles of A	mendment and fee(s) are submitted for filing.				
Please return all correspond	dence concerning this matter to the following:				
	PATRICIA NUCLE INT Name of Person NUCLENT + Caround Firm/Company				
	Nugent + Cround Firm/Company				
	2455 E. Sunnive Blue #807				
	For Landendule, FL 33304 City/State and Zip Code				
	DNUCENT @ NC AW FL. COM E-mail address: (to be used for future annual report notification)				
For further information con-	cerning this matter, please call:				
Name of Po	Ground at (954) 537-1717 Area Code Daytime Telephone Number				
Enclosed is a check for the f					
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address:					
Registration Sec	stion Street Address: Registration Section				
Division of Corp					
P.O. Box 6327	The Centre of Tallahassaa				

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

S555 7M	LLC
(Name of the Limited Liability Company (A Florida Limited Liab	s it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we	, 1
Florida document number	
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:	202
(Principal office address MUST BE A STREET ADDRESS)	
	8
	7 X 1
Enter new mailing address, if applicable:	SSE
(Mailing address MAY BE A POST OFFICE BOX)	ाल व
	7 2
-	111
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name of the new registered
agent and/or the new registered office address here:	
No. Cor. D. C.	; •
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfudcept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office addresses to company has been notified in writing of this change.	prmance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Title Title Name Address Type of Action AMBR Gianciarlo Coco, 26-60 31 Street trade
Trustize of the Astoria, NY 11102 Remove Trust darred June ____

Change 9,2021 MGR GIANCARIO COCO 28-60 31 Street DAdd Aztonia, NY11102 Decomove _____ Change _ 🗆 Add Remove _ Change Remove ... Change □Add Remove ___ □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:

16	
ii amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	1
	:
	
Note: If the	late, if other than the date of filing:
he record spe ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	February 1, 2022.
-	Signature of a member or authorized representative of a member
_	Giancarlo Coco
	Typed or printed name of signee

Filing Fee: \$25.00