L21000211567

(Re	questor's Name)	
(Ad	ldress)	·
	ldress)	
(70	uless)	
(Cit	ty/State/Zip/Phone #	(f)
_		
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Name	<u>., </u>
(50	Siness Entity Warrie	? <i>)</i>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



000374342220

10/12/21--01031--002 **25.00

FILED

2021 OCT 12 PM 2: 10

SEGRETALISSEE.FILE

US 10/19/21

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	TOO COCC	a Contuited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Franc	Name of Person	<u>U.</u>
	Francesco	2 CONTULL Firm/Company	2021 O SECR TAL
•	11429 C	arabelee Civ	SECRETARY OF TALLATIASS
	from Sca	City/State and Zip Code Control Code Cod	25 PH 2: 10 Daval Com
For further information c	oncerning this matter, please c		
TYONG Name o	ca Contu	at (44) 350 Area Code Daytime	Telephone Number
Enclosed is a check for th	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 Address Registration S		Street Address: Registration Sec	ction
Division of C		Division of Corp	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

trancesca	Conti CCC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	
Enter new principal offices address, if applicable:		2021 C
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 2: 10
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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 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>	Address	Type of Action
M6R	Francesca Contu	11429 Carabelee Cirde	□ Adđ
		11429 Carabelee Circle Ollandu, FL 32825.	□Remove
			Change
			🗆 Add
			□Remove
			Change
			Z 130
		TALY OF STATE	Remove
			— ☐Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change

		··	· · · · · · · · · · · · · · · · · · ·	.			
				<u> </u>			
			<u> </u>				
							- · · -
				<u>.</u>	·		
		 -					
						202	
					A CR	20 13	-
					.AH		
					TARY OF	70	m
				_ 	E STA	Ÿ	O
-		<u> </u>	-	-		=	
							
ctive date, if other than effective date is listed, the dat			to date of filing or i	(c nore than 90 days	ptional) after filing.) P	ursuant t	ი 605.020
e: If the date inserted in thus the content of t			ible statutory fili	ng requirements.	, this date wi	ill not b	e listed a
	·						
cord specifies a delayed eff	ective date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier o	f: (b) The 9	00th day	after the
inieu.							
ed October	7	. 2021	<u> </u>				
	(1					
		-< 11 109	$\sim (\land \land) \sim$				