## L23000556103

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## **COVER LETTER**

Division of Co				
	AZZO REALTOR, LLC			
SUBJECT:	Name of Lin	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and feets) are sub-	omitted for filing		
	ondence concerning this matter			
	THOMAS PALAZZO			
		Name of Person		
	TOM PALAZZO REALT	OR, LLC		
	<del></del>	Firm Company		
	1677 LAUREL ST UNIT B			\$50 740
	<del></del>	Address		12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
	SARASOTA, FL 34236			16.6
		City State and Zip Code		
	toul Pal932	to be used for future signal report not	C O M fication)	17.3
For further information c	oncerning this matter, please c	all:		,,,
Juan M Alvarez		678 231-2785		
Name (	of Person	at () Area Code Daytim	e Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fe Certificate of S Certified Copy tadditional copy is	tatus &
<u>Mailing Addres</u> Registration (		<u>Street Address:</u> Registration Se	ction	
Division of C	'orporations	Division of Cor	porations	
P.O. Box 632	. /	The Centre of T	ananassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOM PALAZZO REALTOR, LLC

(Name of the Lin	ited Liability Company as it now appe (A Florida Limited Liability Company)	ary on our records.
The Articles of Organization for this Limited	Liability Company were filed on $\frac{1}{2}$	2/18/2023 2/18/2023
Florida document number 1.23000556103	·	
This amendment is submitted to amend the following	Howing:	파. 전 : 표
A. If amending name, enter the new name	of the limited liability company l	
THOMAS PALAZZO LLC		
he 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 appli	icable:	
Principal office address MUST BE A <u>ST</u> RE		
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
D. 16 discrete		
<ol><li>If amending the registered agent and/or igent and/or the new registered office addr</li></ol>	• *	records, enter the name of the new regist
Name of New Registered Agent:	AVANTE ACCOUNTING SOL	JUTIONS INC
New Registered Office Address:	8955 US HWY 301 N SUITE 39	)7
ingo regioered syries reduced.	Enter Flo	orida street address
	PARRISH	. Florida <sup>34219</sup>
	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 Changing Register**e**ti Agent, <u>Signature of New Registered Agent</u>

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 Type of Action Title Name <u>Address</u> □Add \_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove ☐Change

\_\_\_\_\_\_ Remove

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Filing Fee: \$25.00