12500037905

(Requestor's Name)
(Address)
WHILE AND THE PROPERTY OF THE
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
LLC amend.





400453649384

07/08/25--01024--015 +*25.00

MU 8-25-25

COVER LETTER

TO: Registration So Division of Con			
AFFARI C	SS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARCELLO GIANCOLI		
		Name of Person	
		Firm/Company	
	8545 GANTON DR		
		Address	•
	BOCA RATON FL 33434		
		City/State and Zip Code	
	MARCELLOGIANCOLI		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	dification)
	_		. •
MARCELLO GIANCO	I.I	917 8646365 at ()	
Name o	of Person	Area Code Daytii	me 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of O		Registration Section of Co	
P.O. Box 632	-	The Centre of	
Tallahassee,		2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 02/03/2025 Florida document number L25000057905				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		.j, ~		
Principal office address MUST BE A STREET ADDRESS)	17345 SEA BLOSSOM WAY			
The par office data est MOST DE A STREET ADDRESS,	BOCA RATON FL 33496	= = = = = = = = = = = = = = = = = = = =		
		1 -		
The state of the s		•		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
		 		
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the n</u>	ame of the new regis		
N. D. i.e. 1000 and 11 and				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	Ciry	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

A CCADLOCALLO

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
AMBR	LUCAS SCHIETTI	17345 SEA BLOSSOM WAY	≣ Add
		BOCA RATON FL 33496	□Remove
			□Change
MGR	MARCELLO GIANCOLI	8545 GANTON DR	□Add
		BOCA RATON FL 33434	■Remove
			□Change
			☐Remove
			☐Change)
			Add
			□Remove
			Change
			□Remove
			□Add
			□Remove
			□ Change

_					
_		<u> </u>		** '* '*	
					
_					
	<u></u>	<u> </u>			
					
				2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
				<u> </u>	
_		<u>.</u>		•	
		· · · · · · · · · · · · · · · · · · ·			
_					
_	——————————————————————————————————————				
(If an effective Note: 1	re date, if other than the date of filing: extive date is listed, the date must be specific and caf the date inserted in this block does not meent's effective date on the Department of Stat	t the applicable statutor	(optional g or more than 90 days after filing filing requirements, this date	g.) Pursuant to 605.0207 (3))(b) B
the record	specifies a delayed effective date, but not an d.	effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the	
J	ULY IST	2025	f:		