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SECRETARY OF STAT

A. BUTLER MAR 1 1 2022

COVER LETTER

TO:

Registration Section

Division of Corporations			
END IEZZ	Calindan ral		
SUBJECT:	Name of Lim	erprise LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		-	
Please return all correspo	indence concerning this matter	to the following:	
	Mar	Reynolds Name of Person	
	Reyno	olds & Associates	INC.
		Orange City FL 3	12763
	Ca	Imbene Enterprise LLC Name of Limited Liability Company Iment and fee(s) are submitted for filing. In concerning this matter to the following: Mary Reynolds Name of Person Reynolds & Associates, INC. Firm/Company 125 May Street Address Drange C.H. FL 32763 City/Start and Zip Code Teynolds - Melive. Com E-mail-address: (to be used for future annual report notification) Ing this matter, please call: ds at (386), 775-4277 Area Code Daytime Telephone Number wing amount: 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
	E-mail-iddress: (to be used for future annual report not	ification)
For further information c	oneerning this matter, please e		,
Mary Rey	inolds	at (386) 775-4	¥277
Name of	l'Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Гallahassee
Tallahassee, i	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (B F STATE TALL AFASSEE, FL and assigned Florida document numberL 2 1 000 5 32 29 4 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	Salimbene F	internoise 11	2022 MAR -2 PM	2: 23
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability (A Florida)	Company as it now appear	s on our records.)	CTATE
The Articles of Organization for this Limited Liability Company were filed on	(iii iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	mined charmy company)	TALLAHASSE	OTATE E. FI
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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	The Articles of Organization for this Limited Liability Cor	npany were filed on	12/20/21	
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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	Florida document number <u>L 2 I 0 00 5 3 2 2 9 4</u>			
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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	This amendment is submitted to amend the following:			
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(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	The new name must be distinguishable and contain the words "Limited	d Liability Company," the do	signation "LLC" or the a	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	Enter new principal offices address, if applicable:		<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	(Principal office address MUST BE A STREET ADDRE	<u> </u>		
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	Enter new mailing address, if applicable:			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere	., .,			
		ffice address on our re	cords, enter the nar	me of the new registered
Name of New Registered Agent: Michael Salimbene New Registered Office Address: 843 Superior St	Name of New Registered Agent:	Michael S	ialimbene.	
New Registered Office Address: 843 Superior St	New Registered Office Address:	843 Super	rior St	
emoving Middle Initial Deltona, Florida 32725	emoving Middle Initial	Deltona	, Florida	32725

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 Registered Agent, Signature of New Registered Agent

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
AMBR	Michael Salimbene	843 Superior St	🗆 Add
		Deltona, FL 32725	□Remove
	* This was listed as Michae	I J Salimbene remone Middle Initial	X Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
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i effective date i te: If the date	f other than the s listed, the date mu inserted in this b tive date on the I	ust be specific and olock does not me	cannot be prior to ect the applicab	date of filing or more than the statutory filing	re than 90 days after	t ional) er filing.) Pursuant to tis date will not be	o 605.020' e listed as
	a delayed effecti	ve date, but not a	an effective tim	e, at 12:01 a.m. or	n the earlier of: (b) The 90th day	after the
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s filed.	4 Februa	·ry	2022	.•			
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Filing Fee: \$25.00