## L17000257959

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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|   |
|   |
| 2222                                    |

Office Use Only



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07/23/22--01023--019 \*\*60.00

TALL CONTROL IN TALL OF STATE OF STATE



## **COVER LETTER**

| то:      | Registration So<br>Division of Cor |  |   |  |
|----------|------------------------------------|--|---|--|
| SUBJE    | Stasolla Fa                        | mily Business LLC                            | y   |  |
| BODGE    |                                    | Name of Lim                                  | ited Liability Company  |  |
|          |                                    |  |   |  |
| The end  | closed Articles of                 | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please   | return all correspo                | ondence concerning this matter               | to the following:   |  |
|          |                                    | Joseph Stasolia                              |   |  |
|          |                                    |  | Name of Person  |  |
|          |                                    | Stasolla Family Business I                   | .l.C  |  |
|          |                                    | ·  | Firm/Company  | 79  Daytime Telephone Number  ■ \$60.00 Filing Fee.  Certificate of Status & |
|          |                                    | 2180 Nettlebush Lane                         |   |  |
|          |                                    |  | Address   |  |
|          |                                    | Venice Florida 34292                         |   |  |
|          |                                    |  | City/State and Zip Code   |  |
|          |                                    | josephstasolla@gmail.com                     |   |  |
|          |                                    |  | to be used for future annual report notif                           | ication)   |
| For furt | ther information c                 | oncerning this matter, please ea             | ali:  |  |
| Joseph   | Stasolla                           |  | 941 544-4379<br>at ()   |  |
|          | Name o                             | f Person                                     | Area Code Daytime   | : Telephone Number   |
| Enclose  | ed is a check for th               | ne following amount:                         |   |  |
| □ \$2:   | 5.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | Certificate of Status & Certified Copy                                       |
|          |                                    |  |   |  |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Company as it now appears on our reconited Liability Company)   | rds.)  |
|---|--|
| pany were filed on 12/19/2017   | and assigned   |
|   |  |
| and assigned orida document number L17000257859  It amending name, enter the new name of the limited liability company here:  It amending name, enter the new name of the limited liability company here:  It amending name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX) |  |
| l liability company here:   |  |
| Liability Company," the designation "Li   | .C" or the abbreviation "L.IC."  |
|   |  |
| <u></u>   | 2022<br>SEC  |
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|   | So To manage   |
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|   | FL.  |
| <del></del>   | <u> </u>   |
| ffice address on our records, <u>ent</u> o  | er the name of the new regis   |
|   |  |
| Enter Florida street addr   | ess  |
|   |  |
| I   | Florida<br>Zip Code  |
|   | Liability company here:  Liability Company," the designation "Liability Company," the designation the designation "Liability Company," the designation "Liabili |

## 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                     |
|--------------|-----------------|----------------------|------------------------------------|
| MGR          | Daniel Stasolla | 1217 NW 37th Avenue  | □Add                               |
|              |                 | Cape Coral, FL 33993 | ■Remove                            |
|              |                 |                      | □ Change                           |
|              |                 |                      | □Add                               |
|              |                 | <del></del>          | □Remove                            |
|              |                 |                      | 2022 <del>J</del> UL<br>SECRET     |
|              |                 |                      | 295 ARYON                          |
|              |                 |                      | ECRETARY OF STATE TALLAHIAS SEE, F |
|              |                 |                      | ☐ Change                           |
|              |                 |                      | □Add                               |
|              |                 |                      | □Remove                            |
|              |                 | <del></del>          | □Change                            |
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|              |                 |                      | Remove                             |
|              |                 | <del></del>          | Change                             |
| <del> </del> |                 |                      | □Add                               |
|              |                 | -                    | □Remove                            |
|              |                 |                      | □ Change                           |

| ffective date, if other than the date of filing:    Coptional   Coptional   |   | -   |                      | <del></del> -                         |                        |                  |              |
|---|---|---|----------------------|---------------------------------------|------------------------|------------------|--------------|
| ffective date, if other than the date of filing:  |   |   |                      |                                       |                        |                  | <del>.</del> |
| ffective date, if other than the date of filing:  |   |   |                      |                                       |                        | <u>-</u>         |              |
| Frective date, if other than the date of filing:  |   |   |                      |                                       |                        |                  |              |
| Fective date, if other than the date of filing:   |   |   |                      |                                       |                        | · <u>-</u>       |              |
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| Tective date, if other than the date of filing:   | <del></del>   |   |                      |                                       | <del></del> _          |                  | ~            |
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| Fective date, if other than the date of filing:   |   |   |                      |                                       |                        | HAS              | 29           |
| Fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. |   |   |                      |                                       |                        | တ်လ              | A            |
| fective date, if other than the date of filing:   |   | ······································        | <u></u>              | · · · · · · · · · · · · · · · · · · · | <u> </u>               |                  | - <b>=</b> - |
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| is filed.  Ited July 25 2022  | ote: If the date inserted in this   | ischarting of or                              |                      |                                       |                        |                  |              |
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| Signature of a member or authorized representative of a member  | ote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed. |   |                      | at 12:01 a.m. or                      | the earlier of: (b)    | The 90th d       | ay after th  |
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