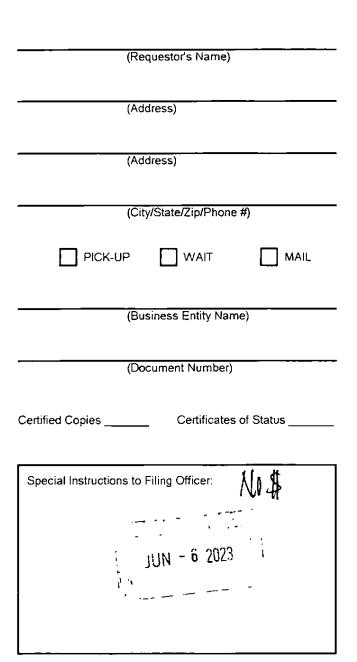
## L05000006287



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2023 AUG 18 AH 10: 03 SECRETARY OF STATE

## COVER LETTER

	gistration Se vision of Cor		, 14	
		ANNI ROTONDO, LI C		
SUBJECT:	·	Name of Lim	ated I rability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ANDRE GRILLON		
			Name of Person	207 SE
		SAN GIOVANNI ROTON	.DO. i.i.c	CRE
			Firm/Company	AUG 18 CRETAR ALLAH
		13327 SW 124 ST.		2023 AUG 18 AM 10: 03 SEGRETARY OF STATE TALLAHASSEE, FL
			Address	—— ) H S
		MIAMI, FL 33186		FEE 83
			City State and Zip Code	
		AMGRILLON a GMAIL.C	OM to be used for future annual report notification)	<del></del> -
For further	information c	oncerning this matter, please ca	·	
ANDRE GI	RILLON		305 600-0900	
Name of Person		f Person	at () Area Code Daytime Telephone	e Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60,00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed?
Re Di Pu	ailing Addressegistration Sivision of COO. Box 632	Section orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahasse 2415 N. Monroe Street. Tallahassee, FL 32303	<b>૯૯</b>

JUN 0 6 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN GIOVANNI ROTONDO, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01-20-2005 and assigned Florida document number L05000006287 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 "I muted I jability Company," the designation "LLC" or the abbreviation "LLC" 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 nainte of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 chities, 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
PRESIDE	CESAR GRILI ON	13327 SW 124 S1.	
		MIAMI, FL 33186	<b>≡</b> Remove
			☐ Change
PRESIDI	ANDRE GRILLON	13327 SW 124 ST.	<b>=</b> Add
		MIAMI. FL 33186	□Remove
		<del></del>	□ Change
			SECRITARY OF STATE
			SO AN IN
			□Change
<del></del>			□Add
			□Change
			□Add
			□Remove
			T Change

Typed or printed name of signee