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2022 MAY 19 AM 11: 10 SECRETARY OF STATE

COVER LETTER

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Registration Section

TO:

Division of Cor	porations		
510 K 111 Z TF		PURDY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ANTONIO GALLO	
		Name of Person	
		1801 PURDY LLC	
		Firm/Company	
		1801 PURDY AVENUE	
		Address	
	λ	HAMI BEACH, FL 33139	
		City/State and Zip Code	<u>-</u>
	ANTONI	O@SARDINIA-RISTORANTE.C	COM
	E-mail address; (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
ANTONIC) GALLO	305 582-246	7
Name o	f Person	305 582-246 at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u>		Street Address:	
Registration Section		Registration Se	
Division of Corporations		Division of Co	•
P.O. Box 632		The Centre of	
Tallahassee, l	TL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 19 AM 11: 10

1801 PURD	Y LLC	SECRETARY HE STATE
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our reco ted Liability Company)	SECHETARY OF STATE ords) TALLAHASSEE.FL
The Articles of Organization for this Limited Liability Compa	any were filed on 11/02/2005	and assigned
Florida document number L05000106704		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	
	, 1 , 2	Florida = Zip Code
New Registered Agent's Signature, if changing Registered Age	·	
I hereby accept the appointment as registered agent and a		further agree to comply with th

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
MGR	ANTONIO GALLO	1801 PURDY AVENUE	≣Add
		MIAMI BEACH, FL 33139	□Remove
			□Change
MGR	PIETRO VARDEU	1801 PURDY AVENUE	□Add
		MIAMI BEACH, FL 33139	Remove
			Change
			□Add
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Effec	tive date, if other than the date of filing: (optional)	
H'an ei	Tective 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 6 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	05.0207 (
docui	nent's effective date on the Department of State's records.	sted as t
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day af iled.	ter the
	/ /	
Dated	_5/18/22	
	Signature of a member or authorized representative of a member	
	Signature of ameniper of additionated representative of a member	
	ANTONIO GALLO	

. . .

Filing Fee: \$25.00