# L06000045905

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Comune	di Roma, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Peter Vitulli, Jr.		
		Name of Person	
		Firm/Company	
	4600 Military Trl., S	Ste. 107	
		Address	
	Jupiter, FL 33458	City/State and Zip Code	
	pvitulli@comcast.net		
		to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Tuisdie Fidler		at (800 ) 375-2453 x	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Comune di Roma, LLC		
(Name of the Limited I	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi Florida document number L06000045905	lity Company were filed on 05/03/20	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our r	ecords, enter the name of the new
Name of New Registered Agent:		5.
New Registered Office Address:	Enter Florida stree	t address
		Florida
_	City	Zip Code

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>	Name	Address	Type of Action
MGRM	VITULLI, PETER AJR,D.O.		
		4600 MILITARY TRAIL, SUITE 107 JUPITER FL 33458	<b>\times</b> Remove
			Change
AMBR	Comuni di Senior, LLC	200 W. 34th Ave. #977 Anchorage, AK 99503	<b>y</b> ∕ Add
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Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date on Note: If the date inserted in this block does not meet the applicable stars.)	f filing or more than 90 days after filing.) Purs	
document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an e	ffective time, at 12:01 a.m. on t	he earlier of:
The 90th day after the record is filed.		
Dated		
BT NI.I.	<i>a</i> •	
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Typed or printed name of signee

Filing Fee: \$25.00