10000073367

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Cf. 3/1/2022

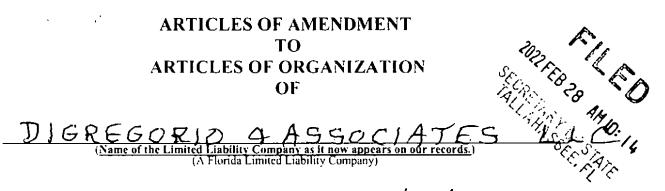
COVER LETTER

Division of Corporations		
SUBJECT: DIGREGORIO Name of Lim	4-ASSOCIAT	ES_LLC
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
David D	S C R GOT TO Name offerson	
DiGregor	Jo & Associa	tes LLC
# 216	SHA OCEANSHO	
Flagle	City/State and Zip Code	32136
	to be used for future annual report notifical	
For further information concerning this matter, please c	all:	
David Di Gregorio Name of Person	at (301) 599 Area Code Daytime Te	- 8968 Elephone Number
Enclosed is a check for the following amount:		
\$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	Street Address: Registration Section	on

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

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**



	City	, Florida Zip Code
	Enter Florida sti	reet address
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ds, enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new principal offices address, if applicable		·
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the	limited liability company here:	
This amendment is submitted to amend the following	g:	
Florida document number <u>L 06000</u>	273367	
The Articles of Organization for this Limited Liabili	ty Company were filed on	15/2006 and assigned
	j.	

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
Member	Judith Dicregorio	BIVA. # 216 Flagler Beach, F. 32536	Ø □Add
		32536	□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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if an effec <u>Note:</u> H	e date, if other than the date of filing:
d is file	
Dated _	Feb 24 2022
	Feb 24 2022. David Discreptible Signature of a member of furtherized representative of a member
	Dayid DiGresotso Typed or printed name of signee

Filing Fee: \$25.00