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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ABRUZZO TWESTMENTS, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Roberto Foriere Name of Person
Abruzzo Investments, LLC Firm/Company
1823 Waldork Dr.
Royal Palm Beach F2-33411 City/State and Zip Code
Forierea Dellsouth net.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cereta Foriere at (561) 667 7897  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secutificate of Status Certified Copy Certificate of Status Certified Copy Cer

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

Abruzza	Investments L/C	
(Name of the Limited L (A I	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number		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 "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
registered agent and/or the new registered office	registered office address on our records, enter the address here:	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	OF STAT
-	, Florida	Zin Code <sup>50</sup>
	<i>9y</i>	

### 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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Dante Foriere Revocable Trust#1	P.O.BUX - 3024 P.B.G FL-33420	Add
	100000000000000000000000000000000000000		Remove
			□ Change
AMBR	Greta Foriere	1823 Walders Dr.	□ Add
		RPB 12-33411	Remove
			Change
MGR	6ino Foriere	1823 Walder Dr.	Add
		R.P.B. FZ-33411	□ Remove
			Change
MGR	Dante Foriere	1823 Waldorp Dr.	Add
		R.P.B F2. 33411	□ Remove
			Change
		<del></del>	□ Remove
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Filing Fee: \$25.00