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COVER LETTER

	ration Sec n of Corp			
L/ SUBJECT:	ADY AM	ORE LLC		
			ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	ndence concerning this matter	to the following:	
		DAVID P KAATZ		
		FLORIDA TAX CORPOR	Name of Person	
		2003 W CYPRESS CREE	Firm/Company K RD #102	
		FT LAUDERDALE FL 33	Address 309	
		MARIO@LADYAMORE.	City/State and Zip Code COM	
For further infor	mation co	E-mail address: () oncerning this matter, please ca	to be used for future annual report notific	ation)
DAVID P KAA		nicerning this matter, prease ca	954 735-7178	
	Name of	Person	at (at Code Daytime	Telephone Number
Enclosed is a ch	eck for the	e following amount:		
■ \$25.00 Filin	g 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

LADY AMORE LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recordited Liability Company)	<u>s.</u>)	_
The Articles of Organization for this Limited Liability Comp	any were filed on 12/23/2008	and	assigned
This amendment is submitted to amend the following:			
•	liability commons bosos		
A. If amending name, enter the new name of the limited	nabinty company nere:		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC	" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>	- 1 G	-
			<u> </u>
		 	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
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		>-	•
B. If amending the registered agent and/or registered		, enter the nan	ne of the
registered agent and/or the new registered office address	<u>nere</u> :		
Name of New Registered Agent:			
Name of New Neglistered right.			
New Registered Office Address:	Enter Florida street address		
	, Flo	orida Zip Co	de

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>	<u>Name</u>	Address	Type of Action
MGR	ADELA MILGAM	7763 SOUTHAMPTON TERR #302	
		TAMARAC FL 33321	O /\du
		<u> </u>	Remove
			Change
MGR	MARIO MILGAM	7763 SOUTHAMPTON TERR 302	Add
		TAMARAC FL 33321	Add
			Remove
			Change
			Remove
			Change!
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an effective date is li ote: If the date in	other than the date sted, the date must be serted in this block core date on the Depart	pecific and loes not m	cannot be pr cet the app	licable statu	filing or more tory filing ro	than 90 days a	otional) fter filing.) Pu this date wil	irsuant to I not be	o 605.020 : listed a
: record specif The 90th day a	ies a delayed eff after the record	ective da is filed.	ate, but i	not an eff	ective tim	e, at 12:0	1 a.m. on	the e	arlier c
october :	31 /	<u>:</u>	2019						

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Typed or printed name of signee

Filing Fee: \$25.00