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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Corpo	rations		
SUBJECT:	1 ATORO	LLC	
	Name of Limite	ed Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	ANTONINO / ATOI	PEULCIOT Name of Person	<u> </u>
	7465 < 11	Firm/Company  1 7 7 h  TO 3	
	140050	Address	<u></u>
	PECCI CCIOTILA E-mail address: (to	City/State and Zip Code  DOMESTICATION  Description  Desc	156
For further information con-	cerning this matter, please cal	1:	
ANTONINO Name of Po	PELLICUOTTI erson	at (766) 76 Area Code Daytir	7-150 ne Telephone Number
Enclosed is a check for the	following amount:		
\$25,00 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)
N4.415 N.J.J.		£44	

Mailing Address:

TO:

Registration Section

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

Street Address: 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

LATORO LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO8000394</u> .99	were filed on <u>04 /21/2</u>	<u>ാട്ട</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	7465 SW 127	14 STREET 3156
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7405 SW 127	FI STREET 33156
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		- 3.5
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	. Florida	1
	Сиу	Zıp 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 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 **Type of Action** <u>Title</u> Name **Address** \_ 🗆 Add Remove Change □Add □Remove □ Change □Add □Remove □ Change  $\Box$ Add □Remove □ Change □Add □Remove \_ □ Change  $\square \mathsf{Add}$ □Remove

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	effective date, but not an effective	e time, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after
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filed. d <u>02/11</u>	Mount Signature of a member or au  NINO PELLI	21.		

Filing Fee: \$25.00