Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES &LC

Account Number : I20160000067

Phone : (407)370-3686 Fax Number

: (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TAXPREPARER@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TREVISAN & SON, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

e: 2 04/28/	2021 08:56 AM	TO:18506176383	FROM: 40	0737031	20		
8 b		COVER LETTER	<i>i</i> - ‡	(((H210	001698	 88 3)))
TO: Registration Se Division of Cor			•	***		,	
5 TREVISAN	N & SON, LLC :						
SUBJECT:	Name of Lim	ited Liability Company	n. 11.				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ondence concerning this matter						
	CAROLINE G. LARSON						
		Name of Person			, 	202	
	LARSON ACCOUTING	GROUP				21 AF	~
		Firm/Company				2021 APR 28	7
	7901 KINGSPOINTE PK	WY STE 17					\$ \$
		Address				<u> </u>	Trans Const. Ind.
	ORLANDO, FL 32819				严重	PH 4: 52	
		City/State and Zip Code			-		
	TAXPREPARER@LARSO			·			
	E-mail address:	to be used for future annual re	port notification	}			
For further information of	concerning this matter, please of	rall:					
ADRIANA MUNHOLI		407 370- at ()	3686				
Name o	of Person	Area Code	Daytime Telep	hone Number	r		
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo		Certified	ne of Stati		
Mailing Addre		Street Add					
Registration Division of C		_	tion Section of Corporat	ions			
P.O. Box 632		The Cen	tre of Tallah	assee			
Tallahassee,		2415 N.	Monroe Stre	et, Suite 8	310		

Tallahassee, FL 32303

TO:18506176383 FROM:4073703120 08:56 AM 04/28/2021 Page: 3

ARTICLES OF AMENDMENT TO

(((H21000169888 3)))

ARTICLES OF ORGANIZATION **OF**

TREVISAN & SON, LLC	d Liability Comp	any as it now appears on	our records.)	
(.vanie of the Emire)	A Florida Limited	Liability Company)	<u> </u>	
The Articles of Organization for this Limited Lia Florida document number £09000076816	bility Company	were filed on 08/11/2	009	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liat	pility company here:		202
N/A			<u></u>	
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the design	iation "LLC" or the abbri	eviation of L.L.C."
Enter new principal offices address, if applica	ble:	N/A		28
(Principal office address MUST BE A STREET	TADDRESS)		ယ တင် ကြ (က	
Enter new mailing address, if applicable:		N/A		55 N
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			
B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office s here:	address on our recor	rds, <u>enter the name</u>	of the new register
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida s	street address	
			, Florida	Zip Code
		Chy		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent	<u>:</u>		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r	er and complete stered agent as	e performance of my provided for in Chap	duties, and Lam fa pter 605, F.S. Or, if	miliar with and This document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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 (((H21000169888 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	CHRISTIAN TREVISAN	12603 CREST SPRINGS LN UNIT 1436	🗆 Add
		ORLANDO, FL 32828	□Remove
			Change
			□ Add
			PRemove
		ů.	28 Add D
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		<u> </u>	<u>52</u>
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Tective date, if other than the done effective date is listed, the date must bete: If the date inserted in this block cument's effective date on the Dep	be specific and cannot be prior to date of filing or ik does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) F ling requirements, this date w	Pursuant to 605.0 ill not be listed
	date, but not an effective time, at 12:01 a.r.	n, on the earlier of: (b) The	90th day after
ted APRIL 15th	. 2021		
	Hugo Trevisan		
	Signature of a member or authorized representat		

Filing Fee: \$25.00