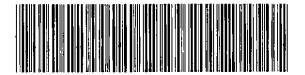
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Account#: 120000000088

Date: April 1	2, 2022	_	ACCOUNT#. 120000000000
Name: David	Shulman	_	
Reference #:	1647284		
Entity Name:		CIBO ITALIA, LLC	
Articles of Incorp	ooration/Autho	rization to Transact Busine	ess
✓ Amendment			
Change of Agen	t		ISSUES? CALL
Reinstatement			David:
Conversion			850-270-0082
Merger			
☐ Dissolution/With	drawal		
☐ Fictitious Name			
Other PI	ease provide a	certified copy of the filing e	vidence. Thank you!
Authorized Amount	: \$55	5.00	
Signature:	David Shulm	an	

PEC STEFFED IN FINGUAND SIMALES.



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	April 12	2, 2022		
Name:	David S	hulman	_	
Reference	e #:	1647284		
			CIBO ITALIA, LLC	
			rization to Transact Busin	ess
∠ Ameno	dment			
Chang	e of Agent			ISSUES? CALL
Reinst	atement			David:
Conve	rsion			850-270-0082
Merge	r			
Dissolu	ution/Witho	rawal		
Fictitio	us Name			
☑ Other	Ple	ase provide a	certified copy of the filing e	vidence. Thank you!
Authorize	d Amount:	\$55	.00	
Signature	:	David Shulmo	u.	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIBO ITALIA, LI	.C
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	I on April 23, 2010 and assigned
Florida document number L10000044037	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
PARMACOTTO, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	24.7 80 77 78
(Principal office address MUST BE A STREET ADDRESS)	- 1
	<u> </u>
	·: •
Enter new mailing address, if applicable:	99
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
<u>. </u>	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
Er	nter Florida street address
	, Florida
City	Zip 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 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
			
			⊒ Remove
		<u> </u>	Change
	_ 		⊒ Add
			Remove
			☐ Change
			Remove
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			⊃ Add
			.⊃ ⊡'Remove
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior  ote: If the date inserted in this block does not meet the application of the secument's effective date on the Department of State's records.	o dute of filing or more ble statutory filing r	(optiona than 90 days after filin equirements, this dat	l) g.) Pursuant to 605.020 c will not be listed a
ecord specifies a delayed effective date, but not an effective til is filed.	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
APRIL 8 , 2022	_·		
- I -			
Signature of a member of autho	rized representative of	a member	

Filing Fee: \$25.00