L110000028551

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

DILUCIANO GROUP 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:

Gabriel Bodner

Name of Person

Nautilus Legal Services P.A.

Firm/Company

1444 Biscayne Blvd Suite 306

Address

Miami, FL 33132

City/State and Zip Code

jleder@nautiluslegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Bodner

,,,305,**514-0600**

Name of Person

Area Code & Daytime 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)

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

DILUCIANO GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(F	A Florida Limited Lia	ionny Company)		
The Articles of Organization for this Limited L Florida document number <u>L11000028551</u>	iability Company w	vere filed on 03/08/20	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limite	d Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of New Registered Agent:	or registered offic ffice address here:	ce address on our rec	ords, enter the new FLORID.	
New Registered Office Address:	1444 Biscayı	ne Blvd, Suite 306		
	Enter Florida street address			
	Miami		_, Florida <u>33132</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree proper and comple stered agent as pr registered office a	te performance of my o ovided for in Chapter (duties, and I am familiar with and 608, F.S. Or, if this document is	

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If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Di Luciano, Antonio	11417 NW 122 St	Add
		Medley, FL 33178	Remove
			Add
			Remove
			Remove
			ZOUR OFC A
			P Rembye
			3: 56 3: 56
			Add
			Remove
			<u> </u>
		·	Add
			Remove

	other information, enter change(s) here: (Attach additional sheets, if neces	
		
	A	
ed Novem	hen 6, 2013. he c'aw D. Luc'cue Uyer Signature of a member or authorized representative of a member	
	Typed or printed name of signee Page 3 of 3	
	Filing Fee: \$25.00	

2018 DEC 16 PH 3: 56
FALLAHASSEF FLORIDA