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## **COVER LETTER**

TO:

Registration Section Division of Corporations

8083, LLC			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Annette Lopez, Esq.	
		Name of Person	
		Law Offices of Annette Lopez, P	.A.
		Firm/Company	•••
		100 Almeria Avenue, Suite 204	:
	<del></del>	Address	
		Coral Gables, FL 33134	
		City/State and Zip Code	
		patrick@defendproperty.com	
	E-mail address: (	to be used for future annual report not	ification) -
For further information c	oncerning this matter, please c	all:	
Patrick DiPietro		954 684-0242	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Coo The Centre of T 2415 N. Monro Tallahassee. FI	rporations Fallahassee oc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8083, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 17, 2012 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1,C" or the abbreviation "L1,L,C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_, Florida \_\_\_\_

## 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.

City

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	Michael DiPietro	5845 SW 44th Terrace	
		Miami, FL 33155	≣Remove
			□Change
MGR	Jonathan DiPietro	5845 SW 44th Terrace	□Add
		Miami, FL 33155	■Remove
			nange
	The Peter and Madeline DiPietro Living Trust dated January 19, 2012	5845 SW 44th Terrace	
		Miami, FL 33155	□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			Change
		<del></del>	□Remove
			□Change

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Note:	ve date, if other than the date of filing:
ne record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated <sub>.</sub>	Signature of a member or authorized representative of a member
	Tatrok T. Diploto Typed or printed name of signee

Filing Fee: \$25.00