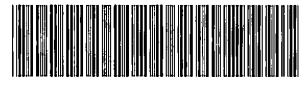
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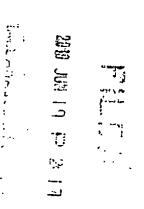
(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Division of Corporations				
SUBJECT	ONA TVESTMEN	75 /1C		
SUBJECT: TEORGE	ONA I VESTMEN' Name of Limi	ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
•	C	, and the second		
	6	n Con war		
	WRISTOPHER	A. FERRANTE Name of Person		
	FLORIZONA)	TWESTINENTS, LLC Firm/Company		
		Firm/Company		
	PO BOX	2011		
	<u> </u>	Address		
	VENICE FL	34284-0294 City/State and Zip Code		
		City/State and Zip Code		
	CHRISFERRANTE	342856 YDNOO, COM to be used for future annual report notif	^	
	E-mail address: (to be used for future annual report notif	ication)	
For further information con	ncerning this matter, please ca	all:		
_				
CHRISTOPHER 1	A. FERRANTE	at (<u>94/</u>) 400 -	8971	
Name of I		Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
\$25.00 Traing Fee	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
			(manusing only to employed)	

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

٠. ..

FLORIZONA INVES	٠ س	
(Name of the Limited Lie	phility Company as it now appear	s on our records)
(A Fi	ability Company as it now appear orida Limited Liability Company)	1999 XIH 19 D 2
The Articles of Organization for this Limited Liability		03/09/2019
The Articles of Organization for this Limited Liability	ty Company were filed on	and assigned
Florida document number <u>77200003410</u> °	<u>"</u>	State of the State
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :
N/S		
The new name must be distinguishable and contain the words	'Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>	
	·	
B. If amending the registered agent and/or n	egistered office address on	our records enter the name of the
registered agent and/or the new registered office:		our records, enter the name or the
Name of New Registered Agent:	~/A	
Name of New Registered Agent.		
New Registered Office Address:		-
	Enter Flor	ida 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 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 the 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
EXECUTIVE MANAGER	CHRISTOPHER A. FERRE EXECUTURE MANAGER	APTE POBOX 294, VENICE, FL3	4284 <u>−0294</u> ¥Add
			Remove
			☐ Change
MGL	CHRIS FERRANTE	PO BOX 29 4, VENICE, FC. 34/25	-21-0294 □ Add
			Remove
			□ Change
			Remove
			Change
			D Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change

1

	DIEDSE AMEND TO SHOW PROPER TITLE AND AME FOR EXECUTIVE MUNDBER AS SHOWN ORIGINAL ARTICLES FILED 03/09/2012.
	NINCE POIC EXECUTIVE MAINSTOLE AS SHOWN
7	TLANK YOU,
···	
	
	
(If an effective <u>Note:</u> If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (a date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
(b) The 90th	specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier of: h day after the record is filed.
Dated	Signature of a member or authorized representative of a member
_	Signature of a member or authorized representative of a member
	CHRISTCHHER A, FERRANTE, EXECUTIVE MANAGER

Page 3 of 3

Filing Fee: \$25.00