12000129

(Requestor's Name)	
(,	Address)	
	Address)	
(Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
, ,	Dadiness Entry Name)	
(1	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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HAR 25 2022.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			
Sons of Sicily, LI	LC		
			-
	 	··	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		·	Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Dota	Time	UCC 11 Search
Hallic	Date	111110	UCC 11 Retrieval
Walk-In	Will Pick U	p	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONS OF SICILY LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 10/10/2012	and assigned
Florida document number L12000129125		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDI	RESS)	7
Enter new mailing address, if applicable:		SSE O
(Mailing address MAY BE A POST OFFICE BOX)		1100 99
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	F . Pl ./	
	Enter Florida street addre	ess
	, F	lorida Zip Code
	C.1.5	any Court

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 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 MAURICE DENTICE	MAURICE DENTICI	1902 BAY ROAD	⊟ Add
		SARASOTA, FL 34239	□ Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
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vote: 1	e date, if other than the date of filing:
record 1 is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after .
	EBRUARY 7 2022
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	Sa 0

Filing Fee: \$25.00