L13000068407

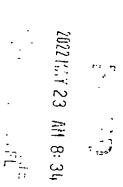
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COVER LETTER

TO: Registration Solivision of Co.			
AMMY LI	I.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Matteo Cornali		
		Name of Person	
		Firm/Company	
	407 Lincoln rd, 2G		
		Address	·
	Miami Beach, FL 33139		
	mcornali@hotmail.com	City/State and Zip Code	
		to be used for future annual report not	(fication)
For further information of	concerning this matter, please c	all:	
Matteo Cornali		954 6826059	
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ortion.
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAY 23 AM 8: 34

AMMY 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 Florida document number L13000068407	were filed on 05/09/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.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 OF FICE BOX)		
maning maress MAT DEATOST OF FICE HOAF		
agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Char	nging Registered Agent, Signature o	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
AMBR	Francesca Pezzarossa	407 Lincoln RD, 2G	■Add
		Miami Beach, FL 33139	□Remove
			□ Change
		 	□Add
			□Remove
			□Add
		<u> </u>	□Remove
		 	□Change
			□Add
			Remove
			☐ Change
		<u>. </u>	□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change

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E ffect If an eff	date, if other than the date of filing:
riote.	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
e recor rd is fii	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	y 18th 2022
zateu	

Typed or printed name of signee