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COVER LETTER

	sistration Sec ision of Corp			
CIID IECT.	Sforza Fu	ind LLC		
SUBJECT:		Name of Limit	ted Liability Company	<u> </u>
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Eric Amat		
			Name of Person	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2263 SW 37th Ave, 5	Suite 418	
		 	Address	
		Miami, FL 33145		
		amat.eric@gmail.com	City/State and Zip Code	,, , , , , , , , , , , , , , , , , , ,
		E-mail address: (to	o be used for future annual report notifica	tion)
For further in	nformation co	ncerning this matter, please ca	ill:	
Eric Ama	t		917 575-0591	
	Name of	Person	Area Code Daytime T	elephone Number
	,			
Enclosed is a	check for the	following amount:		
□ \$25.00 F	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

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(<u>Name of the Limited L</u> (A I	<u> Liability Company as it now appears on our record:</u> Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabil Florida document numberL13000086878	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Sforza Shop LLC	e limited liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office address on our records	s, enter the name of the new
Name of New Registered Agent:		ALLI SET
New Registered Office Address:	Enter Florida street addres.	OCT -6 AHASSE
_		orida 💯 😩 📆
New Registered Agent's Signature, if changing Regi	City istered Agent:	Ziptode Vise
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg- company has been notified in writing of this cha	and complete performance of my duties, ar red agent as provided for in Chapter 605, i istered office address, I hereby confirm the	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager '

<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
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