

L13000095324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

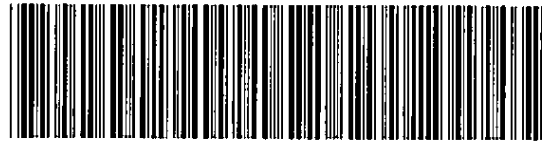
(Document Number)

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FLORIDA

R. HUNT  
10/09/23

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LARA 1920, 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 7/13/2023 and assigned  
Florida document number L13000095324.

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

66 W Flagler Street, Ste 900, PMB 9816, Miami, FL 33130

**(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:

Registered Agent Solutions, Inc.

New Registered Office Address:

2894 Remington Green Ln., Ste. A

*Enter Florida street address*

Tallahassee

Florida 32308

*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 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.*

*(Signature)*

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>	<u>Address</u>	<u>Type of Action</u>
M	Roberta Bellucco	Via Claudia N. 11	<input type="checkbox"/> Add
		Padova 30100 IT	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
M	Maurizio Berengo	Via Claudia N. 11	<input type="checkbox"/> Add
		Padova 30100 IT	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Giuseppe Rizzi	11501 Century Oaks Terrace #3227	<input checked="" type="checkbox"/> Add
		Austin TX 78758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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DIVISION OF CORRECTIONS  
STATE OF TEXAS

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/05/23

Authenticity  
Maurizio Berengo

Signature of a member or authorized representative of a member

Maurizio Berengo

Typed or printed name of signee

**Filing Fee: \$25.00**