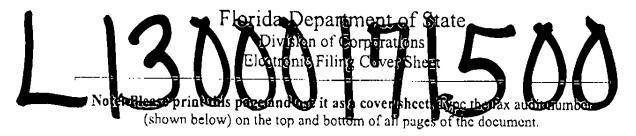
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLORIDA TAX & ACCOUNTING SERVICES, INC.

Account Number : I20130000078 Phone : (305)235-9292 fax Number : (305)328-9359

Email Address:

25.4C Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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M. SOLOMON

JUN - 6 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADIE, LLC				
(Name of the Umited Mability Comp (A Florida Limited	nny na it now appears on t Liability Company)	oat 122(0143°)		
The Articles of Organization for this Limited Liability Company Florida document number L13000171500 This amendment is submitted to amend the following:	were filed on 12/11/2	2013	and assigned	
A. If amending name, enter the new name of the limited liah	ility commony have			
Since the first of the willings that	mity company nere:			~3
The now name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ition "LLC" or the abi	breviation "L.L.C."	024
Enter new principal offices address, if applicable:			<u> </u>	HUL
(Principal office address MUST BE A STREET ADDRESS)		-	<u>3</u> 3	1
				9
				P
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	57
		•		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, enter the name	of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	cet address		
		, Florida		
	Clly		Zip Coda	
New Registered Agent's Signature, if changing Registered Agent;				
I hereby accept the appointment as registered agent and agre 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 di provided for in Chapte	utles, and I am fa cr 605, F.S. Or, (uniliar with and If this document is	

If Changing Registered Agent, Signature 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
MGR	MARCO CAPRIONI	VIA ILDEBRANDO VIVANTI #201	(]A41
		ROMA, IT 00144	= BRemove
			□Change
MOR	MASSIMO ACERBI	VIA GUISEPPE PEREGO #49	
		ROMA, IT 00144	■Removo
			Change
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D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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			: 57	
Note: If the	late, if other than the date of filling: c 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 605.020 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	07 (3) (b) is the		
It the record spectral is filed.	ecifies a delayed effective dute, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	2		
Dated MA	Y 31 2024			
	Signature of a member or authorized representative of a prember			
	MARIA MARTINO MGRM			

Filing Fee: \$25.00

Typed or printed name of signee