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COVER LETTER

TO:

Tallahassee, FL 32314

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endieze.	-	Entity Name		
SUBJECT: _		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return :	all correspo	ndence concerning this matter	to the following:	
		Justin P Santnagelo		
			Name of Person	
		Santangelo Group, LLC		
			Firm/Company	
		6826 Mangrove Ave		
			Address	<u> </u>
		Naples, FL 34109		
		Justin.Santangelo@nm.com	City/State and Zip Code	
		_ _ _ _ _	to be used for future annual repo	rt notification)
For further in	formation co	oncerning this matter, please co	ıll:	
Justin Santna	gelo		954 461.3	37
	Name of	f Person	at () Area Code I	Daytime Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres		<u>Street Addr</u> Registratio	
Div	ision of C	orporations	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Santangelo Group, 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 $\frac{03/10/2014}{1}$ and assigned Florida document number __1.14000040503 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Justin Santangelo Personal LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address Florida

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.

City

Zip Code

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
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
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F ffect	05/20/2023 (optional)
Note:	Give date, if other than the date of filing: (optional) Rective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	05/12/2023
Dated	
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00