L150000 33259

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	-
rtified Copies	_ Certificates	of Status
pecial Instructions to	Filing Officer:	-

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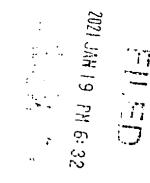


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MAR 01 2021 S. YOUNG

COVER LETTER

): Registration Se Division of Cor			*
	ENNI		•
ЈВЈЕСТ:	Name of Limi	ted Liability Company	
enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
ise return all correspo	ndence concerning this matter t	o the following:	
	GAI	A SONZOGNI Name of Person	
	<u>GN</u>	DD LLC Firm/Company	
	31 NE	28 th ST	
	MIAN	11 - FL - 3313 City/State and Zip Code	37
	4 GAIA E-mail address: (1	LLC GNAIL COM	cation)
her information of	concerning this matter, please ea	all:	
SAIA Name of	SONZOGNI of Person	at (786) 777 Area Code Daytime	8716 Telephone Number
his a check for t	he following amount:		
)O 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)
<u>lailing Addre</u> egistration ivision of C		Street Address: Registration Sec Division of Corp	

O. Box 6327

ıllahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

707

	SNDD	LLC		<u></u>	: .
(<u>Name of the Limite</u>)	d Liability Compa A Florida Limited	any as it now appears Liability Company)	on our records.)		. ~
The Articles of Organization for this Limited Lia	bility Company	were filed on <u>F</u> E	BRUARYZ	3,7dSandas	signed)
Torida document number <u>L150000 33</u>	<u>.259 </u>			6: 32	
his amendment is submitted to amend the follow	wing:				
If amending name, enter the new name of			<u>e</u> :		
		A LLC		1 11 11 11	7 /2 11
new name must be distinguishable and contain the wo	rds "Limited Liabi	dity Company," the des	ignation "LLC" or t	he abbreviation "L	lC.
er new principal offices address, if applica	ble:		28th 51		_
ncipal office address MUST BE A STREET	"ADDRESS)	MIAMI	, FL 33	137	
r new mailing address, if applicable:		31 NE	28th 57		
ing address MAY BE A POST OFFICE B	<u>POX)</u>	31 NE MIAMI	, FL 3	3137	
mending the registered agent and/or re and/or the new registered office address		address on our rec	ords, <u>enter the</u>	name of the ne	w registere
Name of New Registered Agent:	GA	IA SOHZ	06H)		
New Registered Office Address:	79	28 EAST D Enter Florid	RIVE #E	06	<u> </u>
	MORTH	GAY VILLA	🗲, Florid	3314 Zip Code	<u> </u>
tered Agent's Signature, if changing Re	egistered Agent	i			
eccept the appointment as registered of all statutes relative to the prope	-			~	•

obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability

as been notified in writing of this change.

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>`itle</u>	<u>Name</u>	Address	Type of Action
YBR	PEDRINI, NICOLA	SUD BRICKELL KEY DR APT 1524 MIAMI, FL 33131	□Add
			□Add
			□Remove
			□Change
_			
			□Remove
			□Change
			⊒Add
			□Remove
			☐ Change
			□Add □Remove
			JAdd
			□Remove
			□Change

_		
		
ffective date i If the 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 605.02 is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at the date on the Department of State's records.	07 (3 as th
rd specifies led.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ne
A.C.	NUARY 13th . 2021	
	Signature of a member or authorized representative of a member	
	ingliance of a month of authority representation	

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D.