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A. BUTLER JAN 24 2022

COVER LETTER

TO:

TO: Registratio Division of	n Section Corporations		
	TI DISEGNO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	IGOR F. PIOPORTA		
		Name of Person	 _
	AVANTI DISEGNO LLC		
		Firm/Company	
	877 NW 97th AVE		
		Address	
	PLANTATION, FL 33324		
		City/State and Zip Code	
	i-abad@msn.com	to be used for future annual report notifi	reation)
For further informati	on concerning this matter, please e		canon,
	-	954 815-1472	
IGOR F PIOPORTA	<u> </u>	at ()	Telephone Number
Na	me of Person	Area Code Dayume	retephone (value)
Enclosed is a check	for the following amount:		
S25.00 Filing Fo	ce S30.00 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)
Division P.O. Box	on Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroo Tallahassee, FL	oorations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVANTI DISEGNO LLC			0	 _
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	iny as it now appears Liability Company)	on our records.)/	U* 40
The Articles of Organization for this Limited Liab Florida document number L16000013778 This amendment is submitted to amend the follow	oility Company			
A. If amending name, enter the new name of the		ility company her	<u>'e</u> :	
N/A				
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	N/A		
(Principal office address MUST BE A STREET.	ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0.X)</u>	N/A		
Name of New Registered Agent.		address on our re	cords, <u>enter the nan</u>	ne of the new register
New Registered Office Address:		Enter Flori	da street address	
			, Florida	
		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.

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>	Type of Action
N/A			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			50

AND SALES, ALL RELAT	ED AQUATIC-AQUARIUM	FOR COMMERCIAL	AND RESIDENTIAL	
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				<u>_</u>
		<u></u>	<u></u>	
Fective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	lock does not meet the applica	o date of filing or more tha ble statutory filing requ	(optional) n 90 days after filing.) Pursu irements, this date will no	ant to 605.02 of he listed
ecord specifies a delayed effection is filed.	ve date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	day after th
ted	2022	\		