## Ule00014778

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (D. ) (D. )                             |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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12/27/24--01021--016 \*\*25.00

S. PRATHER

## **COVER LETTER**

| TO: Registration S<br>Division of Co |   |   |  |
|--------------------------------------|---|---|--|
| VENTO 2<br>SUBJECT:                  | 016 GROUP LLC   |   |  |
|                                      | Name of Lin   | nited Liability Company   |  |
| The enclosed Articles o              | f Amendment and fee(s) are sub                        | omitted for tiling.   |  |
| Please return all corresp            | ondence concerning this matter                        | to the following:   |  |
|                                      | Gabriela Di Mauro, Esq.                               |   |  |
|                                      | <del>-</del>  | Name of Person  | <del></del>  |
|                                      | DI MAURO LAW, PLLC                                    |   |  |
|                                      |   | Firm/Company  |  |
|                                      | 175 SW 7th ST. Suite 110                              | 7   |  |
|                                      |   | Address   |  |
|                                      | Miami, FL 33130                                       |   |  |
|                                      |   | City/State and Zip Code   | <del></del>  |
|                                      | c_malazzo@yahoo.com.mx                                |   |  |
| For further information of           | e-mail address: (<br>concerning this matter, please c | to be used for future annual report noti<br>all:                    | lication)  |
| Gabriela Di Mauro                    |   | 305 684-1515  |  |
| Name o                               | of Person   | at ()<br>Area Code Daytim   | e Telephone Number   |
| Enclosed is a check for t            | he following amount:                                  |   |  |
| ■ \$25.00 Filing Fee                 | ☐ \$30.00 Filing Fee &<br>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) |
| Mailing Address                      |   | Street Address:   |  |
| Registration : Division of C         |   | Registration Sec<br>Division of Cor                                 |  |
| P.O. Box 632                         |   | The Centre of T   |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VENTO 2016 GROUP LLC   |  |  | - 194<br>194                 |  |
|--|--|--|------------------------------|--|
| ( <u>Name of the Limited Liabi</u><br>(A Flori   | lity Company as it now appear<br>da Limited Liability Company) | s on our records.)                                     | . 3 03 0 <b>f</b> 00         |  |
| The Articles of Organization for this Limited Liability Florida document number L16000014778   | Company were filed on $\frac{01}{2}$                           | 21/2016  | and assigned                 |  |
| his amendment is submitted to amend the following:   | <del></del> ·  |  | . Ö                          |  |
| . If amending name, enter the new name of the lin  | nited liability company he                                     | re:  | ٠,                           |  |
| he new name must be distinguishable and contain the words "Lin   | mited Liability Company," the de                               | signation "LLC" or the abbrev                          | iation "L.L.C."              |  |
| Inter new principal offices address, if applicable:  |  |  |                              |  |
| Principal office address MUST BE A STREET ADD  | RESS)  |  |                              |  |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registere gent and/or the new registered office address here:  | ed office address on our re                                    | cords, enter the name of                               | the new register             |  |
| Name of New Registered Agent:  |  |  |                              |  |
| New Registered Office Address:   | Enter Flori  | da street address                                      |                              |  |
|  |  |  |                              |  |
| <u> </u>   | City   | , Florida<br>  | ip Code                      |  |
| ew Registered Agent's Signature, if changing Registere   | ed Agent:  |  |                              |  |
| hereby accept the appointment as registered agent<br>rovisions of all statutes relative to the proper and c<br>ccept the obligations of my position as registered a<br>eing filed to merely reflect a change in the register | complete performance of n<br>gent as provided for in Cl        | ny duties, and I am fami<br>napter 605, F.S. Or, if th | liar with and is document is |  |

company has been notified in writing of this change.

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          | LUIS MALAZZO    | 175 SW 7 ST. 1509 |                |
|              |                 | MIAMI, FL 33130   | ■Remove        |
|              |                 |                   | □ Change       |
| MGR          | DANIELA MALAZZO | 175 SW 7 ST.1509  | 🗀 Add          |
|              |                 | MIAMI, FL 33130   | ≅ Remove       |
|              |                 |                   | □Change        |
| MGR          | ESTEBAN MALAZZO | 175 SW 7 ST. 1509 |                |
|              |                 | MIAMI, FL 33130   | ≣Remove        |
|              |                 |                   |                |
|              |                 |                   | □Add           |
|              |                 |                   | □Remove        |
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| ffective date, if other than the d  | ate of filing:                                   |                      |                      | (optional)                                 |  |
| on effective date is listed, the date must be to the list of the date inserted in this bloc ocument's effective date on the Dep | be specific and cannot be<br>k does not meet the | e prior to date of f | fory filing requires | days after filing.) Purches, this date wil | rsuant to 605,0207 i<br>I not be listed as i |
| record specifies a delayed effective of is filed.   | date, but not an effec                           | tive time, at 12:    | 01 a.m. on the ear   | lier of: (b) The 90                        | Oth day after the                            |
| ated December 18  |  |                      |                      |  |  |
| December 18   |  | ·                    |                      |  | 2024 11-11-2                                 |
|   | ignature of a member o                           |                      |                      |  |  |
| 31  | ignature of a memner c                           | or authorized repre  | sentative of a mem.  | ner  | <u> </u>                                     |

Filing Fee: \$25.00