

L170000 25556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

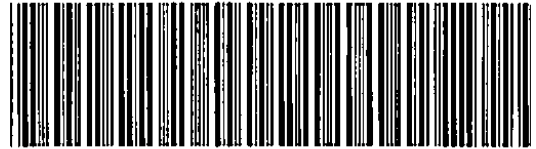
(Business Entity Name)

(Document Number)

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# AtlasLaw

Brian  
Managing  
brian@atlaslaw.com  
www.atlaslaw.com

September 3, 2019

**VIA U.S. MAIL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Name Change Amendment  
Lorentina, LLC  
Document Number: L17000025556**

To Whom It May Concern,

This firm represents Lorentina, LLC. I am writing to provide you with a copy of an Amendment to the Articles of Organization, which amendment changes the name of the company from Lorentina, LLC to Due Amici Sauces, LLC. The Managing Member has executed the enclosed Articles of Amendment. I have also enclosed the \$25.00 filing fee. If you have any questions regarding the enclosed documents, please feel free to contact me at (813) 241-8269, or at [brian@atlaslaw.com](mailto:brian@atlaslaw.com).

Very truly yours,  
ATLAS LAW

Brian C. Chase

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lorentina, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian C. Chase

\_\_\_\_\_  
Name of Person

Atlas Law

\_\_\_\_\_  
Firm/Company

1701 N. 20th Street, Suite B

\_\_\_\_\_  
Address

Tampa, Florida 33605

\_\_\_\_\_  
City/State and Zip Code

brian@atlaslaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian C. Chase

813

241-8269

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lorentina, 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 February 2, 2017 and assigned Florida document number L17000025556.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Due Amici Sauces, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

**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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida 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 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  
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type o</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remc
		_____	<input type="checkbox"/> Chang
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		_____	<input type="checkbox"/> Remo
		_____	<input type="checkbox"/> Chang
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remo
		_____	<input type="checkbox"/> Chang
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remov
		_____	<input type="checkbox"/> Change

**. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 3, 2019

*Bunyak*

Signature of a member or authorized representative of a member

Lorentina Bunjaku

Typed or printed name of signee