

L17 0000 94676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

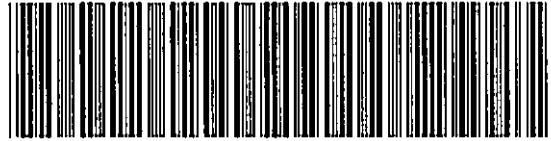
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/12/20--01000 -004 ++25.00

S TALLFEN

JUL 24 2020

2020 JUL 15 PM 4:50

*Amend*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2020

GIOVANNI PIERANTOZZI  
SPAZIO OUTDOOR LIVING LLC  
4345 MAGNOLIA RIDGE DR  
WESTON, FL 33331

SUBJECT: SPAZIO OUTDOOR LIVING LLC  
Ref. Number: L17000094676

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IF THE ENTITY NAME IS NOT BEING CHANGED, PLEASE REMOVE IT FROM LETTER A. COMPLETE ONLY THE ITEMS THAT ARE CHANGING AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 720A00012910

2020 JUL 1 11:23:13

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SPAZIO OUTDOOR LIVING 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:

Giovanni Pierantozzi  
Name of Person

Spazio Outdoor Living LLC  
Firm/Company

4345 Magnolia Ridge Dr  
Address

Weston FL 33331  
City/State and Zip Code

pieranto@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Pierantozzi at (754) 234-7138  
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 Address:**

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**

Spazio Outdoor Living LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 JUL 15 PM 4:50

The Articles of Organization for this Limited Liability Company were filed on 04/28/2017 and assigned  
Florida document number L17000094676.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4345 Magnolia Ridge Dr.  
Weston Fl. 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4345 Magnolia Ridge Dr  
Weston Fl. 33331

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:

Giovanni Pierantozzi

New Registered Office Address:

4345 Magnolia Ridge Dr.

Enter Florida street address

Weston

City

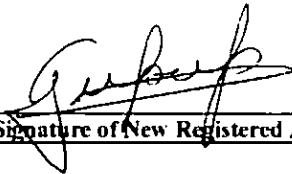
Florida 33331

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 being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Massimiliano Biello	126 Dockside Cir	<input type="checkbox"/> Add
		Weston Fl. 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Giovanni Pierantozzi	4345 Magnolia Ridge Dr	<input checked="" type="checkbox"/> Add
		Weston Fl. 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Giovanni Pierantozzi  
Typed or printed name of signer