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| (Re                     | equestor's Name)   |           |
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| (Cit                    | ty/State/Zip/Phone | · #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nam | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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2017 JUL 10 PK 3: 05

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## **COVER LETTER**

| TO: Registration Section Division of Corporations                  |   |
|--|---|
| SUBJECT: Angelique Stame of Lamit                                  | echanie Muccio LLC ed I. Mility Company |
| The enclosed Articles of Amendment and fee(s) are subm             | nitted for filing.                      |
| Please return all correspondence concerning this matter to         | o the following:                        |
| 7605 La<br>Tampa, Fl   | 7+@gnail.com813-847-10                  |
|  |   |
| Name of Person   | Area Code Daytook Teaquane commer       |
| Enclosed is a check for the following amount:  ## 35.00 Filing Fee | (additional copy is enclosed)           |
| MAILING ADDRESS  |   |
|  |   |
| Taliahassee, 14, 32314   | 2001 Executive Center Circle            |

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2017 JUL 10 PM 3:05

| Angelique Stephanie (Name of the Limited Liability Company as it now appears on  | MUCCIO PUCA SSE OF SIA   |
|--|--|
| amending name, enter the new name of the limited liability company here:  we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  new principal offices address, if applicable:  cipal office address MUST BE A STREET ADDRESS)  remew mailing address, if applicable:  |  |
| This amendment is submitted to amend the following:  | on for this Limited Liability Company were filed on  |
| (Name of New Registered Agent:  Name of New Registered Office Address:  Name of New Registered Office Address:  New Registered Office Address: |  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the design   | nation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | the designation "L.L.C." or the abbreviation "L.L.C."  s on our records, enter the name of the new |
| Articles of Organization for this Limited Liability Company were filed on  |  |
|  |  |
| 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 registered agent and/or the new registered office address here:  | or records, enter the name of the new  |
| Name of New Registered Agent:  |  |
|  |  |
| Enter Florida .  | street address   |
| City   | , Florida<br>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

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGR Muccio, Tinas, HS \_□ Add AMBR Angelique Stephanie Muccio Tampa, F1330 □ Remove ☐ Change □ Add Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

\_ Change

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| effective | e date, if other th                   | han the date of f                            | iling:             | er to data of filing or m | opti                | onal)<br>r tiling.) Pursuant to 605. | 0207.             |
| Note: If  | the date inserted i                   | n this block does r                          | not meet the appli | cable statutory filin     | g requirements, thi | s date will not be liste             | d as t            |
| documen   | t's effective date of                 | on the Department                            | of State's record  | 5.                        |                     |                                      |                   |
|           |                                       | 1.1  | . 4.4. 1. 4        | -                         |                     | <b>Ab</b> !!-                        |                   |
|           |                                       | he record is fil                             |                    | ot an effective t         | ime, at 12:01       | a.m. on the earlie                   | er or:            |
|           | ه مسیر                                |  | _                  | _                         |                     |                                      |                   |
| Dated     | July                                  | 7  | 20                 | <u> </u>                  |                     |                                      |                   |
|           | /a/a/h                                |  | 06                 |                           | <b>.</b>            |                                      |                   |
|           | KIKOY                                 | Valle X                                      | Tepha              | we Ne                     | CC()                |                                      |                   |
|           | Λ-                                    | Signature                                    | of a member or aut | norized representative    | or a member         |                                      |                   |
|           | (1)                                   | 1  |                    |                           |                     |                                      |                   |

Page 3 of 3

Filing Fee: \$25.00