

L17000129955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



(Business Entity Name)

(Document Number)

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CLERK

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MALKIT 63, 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:

Thomas James Senatore  
Name of Person  
  
Firm/Company  
2706 Shelby Parkway  
Address  
Cape Coral, FL 339040  
City/State and Zip Code  
t.senatore@bellacasaservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Senatore at ( 239 ) 223-8130  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MALKIT 63, 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 06/14/2017 and assigned  
Florida document number L17000129955.

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:**

2706 Shelby Parkway

**(Principal office address MUST BE A STREET ADDRESS)**

Cape Coral, FL 33904

**Enter new mailing address, if applicable:**

2706 Shelby Parkway

**(Mailing address MAY BE A POST OFFICE BOX)**

Cape Coral, FL 33904

**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:

Thomas James Senatore

New Registered Office Address:

2706 Shelby Parkway

*Enter Florida street address*

Cape Coral

*City*

Florida

33904

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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>
MGRM	Lovelace, Zane	386 S. Atlantic Ave. #1032	<input type="checkbox"/> Add
		Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Claire Bancale Ventures LLC	2706 Shelby Parkway	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated January 04, 2022

Typed or printed name of signee

**Filing Fee: \$25.00**