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S. PRATHER

## COVER LETTER 8

TO: Registration S Division of Co			
At the reason	HILY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Gabriela Di Mauro, Esq.		
		Name of Person	
	DI MAURO LAW, PLLC		
		Firm/Company	
	175 SW 7th ST. Suite 110	7	
		Address	<del></del>
	Miami, FL 33130		
		City/State and Zip Code	
	c_malazzo@yahoo.com.mx	to be used for future annual report noti	-
For further information c	concerning this matter, please c	•	nication)
Gabriela Di Mauro		305 684-1515	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENTO PHILY 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 06/22/2017 and assigned 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) 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

, Florida \_

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	
			□Change
MGR	DANIELA MALAZZO	175 SW 7 ST.1509	□Add
		MIAMI, FL 33130	■Remove
		<del>-</del>	
MGR ———	ESTEBAN MALAZZO	175 SW 7 ST. 1509	□Add
		MIAMI, FL 33130	Remove
			□Add
			Remove
			Change
			\_Add
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			☐ Change
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Tective date, if other than t an effective date is listed, the date r ote: If the date inserted in this ocument's effective date on the				or more than 90 d	_ (optional) ays after filing.) ents, this date v	Pursuant to 60 vill not be lis	05.0207 sted as
	tive date, but no	t an effective ti	ime, at 12:01 a.i	n. on t <b>he ea</b> rlie	er of: (b) The	90th day aft	er the
record specifies a delayed effectis filed.							
record specifies a delayed effect is filed.		, <u>2024</u>	<u> </u>				
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