L/7000157897

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	alocco R	odic LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	201	
Please return all correspo	ondence concerning this matter	to the following:	and the second	77
	Anthony	Name of Person	2018 AUG 13 PH 2: 21	
		Firm/Company		
	50533 C	orkscrew Shor	es Blud.	
		FL 33928 City/State and Zip Code		
	E-mail address (laraco @ hat no	ncation)	
For further information c	oncerning this matter, please ea	ıll:		
Name of Name of	na Rocco of Person	at (<u>FS14</u>) <u>460</u> Area Code Daytim	o-8553 e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	S30.00 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)	
Registr	ING ADDRESS:	STREET/COURI Registration Section	n	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compar (A Florida Limited L.	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{1}{2}$	4/3017 and assigned	
Florida document number 17000157897	,	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	i "LI.C" or the abbrecation & L.C."	
Enter new principal offices address, if applicable:		ACR & T	
(Principal office address MUST BE A STREET ADDRESS)		DAD 3	
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 here		SEET, FILE 2	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
	Florida		
	Cuy	Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of	performance of my duti covided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Mark Giorgi	2046/ Andora Lane	X Add
	ū	85700, FL 33928	🗆 Remove
			Change
BMBR	Patricia Giorgi	2046/ Ardore Lore	∧dd
	·	85PEE 17, 010/23	□ Remove
			🗀 Change
			🗅 Add
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			ZOUBAUG ES AMÉIL: 52 SEURETARY OFESTATE
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Effective date, if of	ther than the date of fil	ing:		(optional)	ı		
If an effective date is lis Note: If the date ins	ther than the date of fili sted, the date must be specific; serted in this block does no	and cannot be prior t	to date of filing or more	than 90 days after filing	.) Pursuant xeill nor b	to 605.02 or listed	207
	e date on the Department o			4			,
	es a delayed effective after the record is filed		an effective tim	e, at 12:01 a.m.	on the e	earlier	of
•	,						
Dated Aug	p ter	3018	<u> </u>				
0	1 07	D Q	_				
	<u> </u>	a member or autho	rized representative of a	member			
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						

Page 3 of 3

Filing Fee: \$25.00