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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOX ROTHSCHILD LLP

Account Number : 120130000024 Phone : (215)299-2162 Fax Number : (215)299-2150

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: miranda@foxrothschild.com

2022 FGB 14 AM II: 5)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRATTORIA NONNA LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ciry	Zip (Code
	Boca Raton	, Florida 33433	
TOW MEDIALES STREET LINES AND	Enter Flo	rida sireet oddress	
New Registered Office Address:	6006 SW 18 Street	四至	û.
Name of New Registered Agent:	Susanna Livingston	E100	
		12 <u>- 4</u>	¬ rn
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our r ess here:	ecords, enter the name of the	-
		poords enter the name of the	frew registered
eren ye.			73
(Mailing address MAY BE A POST OFFICE	<u> </u>		20
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new principal offices address, if appli	cable:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbreviation	on "L.L.C.
<u> </u>			-41.C"
A. If amending name, enter the new name of	of the limited liability company h	ere:	
This amendment is submitted to amend the fol	lowing:		
Florida document number L17000187112	,		
The Articles of Organization for this Limited L	Liability Company were filed on So	epicinber 1, 2017 and	d assigned
(Name of the Lim	(A Florida Limited Liability Company)	rs on our records.)	
Trattoria Nonna LLC			

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

Title	Name	Address	Type of Action
MGRM	Rosaria Sara Lena	6006 SW 18 Street	DAdd
		Boca Raton, FL 33433	57.
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an effectiv ote: If t	re date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing fithe date inserted in this block does not meet the applicable statutor nt's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (y filing requirements, this date will not be listed as t
record sp	specifies a delayed effective date, but not an effective time, at 12:01 ed.	a.m. on the earlier of: (b) The 90th day after the
l is filed. Fel	February 14 2022	
l is filed.	ENDARIO PLICATION	
l is filed. Fel		ntative of a member

Filing Fee: \$25.00