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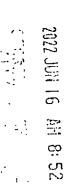
(Requestor's Name)
(Address)
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COVER LETTER

Division of Corp	orations				
SUBJECT:	A923 Purito	an Cir, LLC ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	DIANA MA	RULANDA Name of Person			
		RITAN CIR., LL	<u></u>		
		Firm/Company			
	4923 Pur	Address			
	TAMPA,	FL 33617 City/State and Zip Code ANDA @ GMAIL. to be used for future annual report notifi			
	ncerning this matter, please co				
Name of	ARULANDA Person	at (813) 352 - Area Code Daytime S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	- 8500 Telephone Number	2022 JUH 16	in a standard
Enclosed is a check for the	e following amount:			æ;	. *
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Star Certified Copy tadditional copy is en	us & 5	· •==

Mailing Address:

TO:

Registration Section

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**

	OF		
_		as it now appears on our records.) billity Company) ere filed on SEPTEMBER 26, 2017and assigned	
_ 4923 PURITA	IN CIR.	LLC 20 Y	
(Name of the Limited	Liability Company Florida Limited Lial	as it now appears on our records.)	
•		ere filed on SEPTEMBER 26, 2017 and assigned	
The Articles of Organization for this Limited Lia	bility Company we	ere filed on SEPTEMBER 26, 2017 and assigned	
Florida document number <u>L17000199</u> 3	<u> 585</u> .	ශ්	
This among descent is submitted to assume the Full of		ere filed on SEPTEMBER 26, 2017 and assigned	
This amendment is submitted to amend the follow	ving:	, i	
A. If amending name, enter the new name of t	<u>he limited li</u> abilit	y company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	,		
THE PROPERTY OF THE PROPERTY O	<u>ADIALSS)</u>		
	-		
F 4		4923 PURITAN CIR	
Enter new mailing address, if applicable:	-	4923 PURITAN CIR	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u> _	TAMPA, FL 33617	
	-		
B. If amending the registered agent and/or reg agent and/or the new registered office address		dress on our records, enter the name of the new registered	
agent and of the new registered office address	<u> </u>		
Name of New Registered Agent:	DIANA	MARULANDA	
Name of New Registered Agent.			
New Registered Office Address:	4923	PURITAN CIR	
		Enter Florida street address	
	TAMPI		
		City Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:		
		to act in this capacity. I further agree to comply with the	
		erformance of my duties, and I am familiar with and	
		ovided for in Chapter 605, F.S. Or, if this document is diverse, I hereby confirm that the limited liability	
company has been notified in writing of this c		in the time of the	
	-		
	·	Duova Histor	
	If Changir	ng 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>	Address	Type of Action
MGR	DIANA MARULANDA	4923 PURITAN CIR	🗹 Add
		TAMPA FL 33617	∏Remove
			□Change
			□Add
			□Remove
			□Change
MGR	GIANCARLO GRANIGLIA	16206 SAGEBRUSH RD	🗀 Add
		TAMPA, FL 33618	ERemove
			□Change
	1-1/-		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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(If an effective Note: I	re date, if other than the date of filing:
cord is file	
Dated _	JUNE 7 th 2022 Diaia Hurfau Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00