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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	poracions		
Angela Riz	zi-Gayle, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Angela L Rizzi		
		Name of Person	
	Angela L. Rizzi, LLC		
		Firm/Company	
	4215 Sidemo Ct		
	4213 Sidemo Ct		·
		Address	
	Naples, FL 34119		
		City/State and Zip Code	
	angierizzifl@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Angela L. Rizzi		305 926-7494	
Name e	of Person	at () Area Code Davtime	Telephone Number
		,	•
Enclosed is a check for t	-	_	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is circlosed)
MAIL	ING ADDRESS:	STREET/COURIE	
	ration Section of Corporations	Registration Section Division of Corpora	
Divisio	v. corporations	2 minor or corpora	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angela Rizzi-Gayle, LLC				
(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our records.)		
The Articles of Organization for this Limited I Florida document number L17000262831	Liability Company we	ere filed on December 27, 2017	and assigned	
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liabilit	y company here:		
Angela L. Rizzi. LLC				
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:		201 8	
(Principal office address MUST BE A STRE	ET ADDRESS)		5 A	
	-		- 	
			17 ⁻⁶	
Enter new mailing address, if applicable:	_		PH I	
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>		
	_			
B. If amending the registered agent and registered agent and/or the new registered of		e address on our records, <u>en</u>	ter the name of the nev	
Name of New Registered Agent:	Angela L. Rizzi			
New Registered Office Address:	4215 Siderno Ct			
	Enter Florida street address			
	Naples	, Florida	34119	
		City	Zip Code	

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>	Address	Type of Action
MGR	Angela L Rizzi	4215 Siderno Ct	Add
		Naples, FL 34119	Remove
			☐ Change
MGR Angela L Rizzi-Gayle	4215 Siderno Ct		
		Naples, FL 34119	■ Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
		-	Remove
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Effective date, if other than	the date of fi	iling:		(0	ptional)		46 Dana
f an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does n	ot meet the appl	cable statutory	or more than 90 days a	this date wi	ll not be lis	sted as
e record specifies a dela The 90th day after the			ot an e ffecti	ve time, at 12:0	1 a.m. on	the earl	lier of

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00