# L18000086427

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### **COVER LETTER**

то:	Registration Se Division of Cor			
CHD IE	The Italian	Job, LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Peter A. Economys		
			Name of Person	<del>-</del>
		The Italian Job, LLC		
			Firm/Company	
		481 SW Port St. Lucie Blv	d., Suite D	
			Address	
		Port St. Lucie, FL 34953		
		<del></del>	City/State and Zip Code	· <u>·</u>
		ericayoung51@outlook.con		
		E-mail address: (	to be used for future annual report not	itication)
For furt	her information o	concerning this matter, please c	all:	
Erica Y	oung 'oung		772 408-6190	
	Name o	of Person	Area Code Daytin	ne Telephone Number
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		he following amount:		□ 600 00 ET C
■ \$25	5.00 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 Addre		Street Address:	
	Registration		Registration Se	
	Division of C P.O. Box 63.		Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# The Italian Job 481 SW Port St. Lucie Blvd., Suite D Port St. Lucie, FL 34953 772-408-6190

December 9, 2019

To Whom It May Concern:

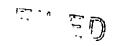
Please remove Courtney Internoscia from The Italian Job, LLC. If you have any questions, you may feel free to contact me at (772) 201-2325 or my secretary, Erica Young, at (772) 408-6190. Thank you.

Sincerely,

Peter A. Economys Managing Member

The Italian Job, LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Italian Job, LLC

2019 DEC 13 PH 6:21

(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 4/5/18 and assigned Florida document number \_\_\_\_\_L18000086427 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 "LLC." 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 City

#### 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
AMBR	Courtney Internoscia	9985 SW Stonegate Drive	□Add
		Port St. Lucie, FL 34987	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Remove
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ote:	If the date inserted	than the date of the date must be speed in this block doe e on the Departme	s not meet the	applicable statu	filing or more than the filing require	<b>(optional)</b> 90 days after filing.) Pe ements, this date wil	irsuant to 605.0207 I not be listed as
record is file		ed effective date, b	out not an effec	ctive time, at 12	:01 a.m. on the ea	arlier of: (b) The 9	0th day after the
ated _	December 9		2019	·			
		Signatu	re of a member of	or authorized repr	resentative of a mer	nber	

Filing Fee: \$25.00