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COVER LETTER

Registration Section TO: Division of Corporations

SUBJECT: 82HOLDIN	NGS LIMITED LIABILITY CO	RPORATION		
	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.		
	Steven Fantetti, Esq.			
		Name of Person		
	Fantetti Legal LLC			
		Firm/Company		
	11249 Blacksmith Drive			
	-	Address		
	Tampa, FL 33626			
	jason.chiappetta@gmail.cor	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For further information c	oncerning this matter, please c	ail:		
Jason Chiappetta		352 650-8482		
-		at ()		
Name of the Name o	of Person	Area Code Daytime Telephone Number	ZOZS KOY SSSTLL	estate of
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (e of Status &	The state of the s

Mailing Address:

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

82HOLDINGS, LLC (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 and assigned Florida document number 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 "L.L.C." 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

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	CHIAPPETTA, JASON	17919 SPENCER ROAD ODESSA, FL 33556	□ Add
			Remove
			□Change
AP	CHIAPPETTA, JASON	17919 SPENCER ROAD ODESSA, FL 33556	
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other to an effective date is listed, the	e date must be specif	he and cannot be prior	r to date of ming or i	option (option than 90 days after fi	ling.) Pursuant to 605,0207
Sote: If the date inserted ocument's effective date	in this block does on the Denartmen	not meet the applic it of State's records	cable statutory fili	ng requirements, this o	date will not be listed as
					ं त्री
record specifies a delaye	d effective date, bu	at not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
d is filed.					
November 13		2023			
Dated		·	=:		

Filing Fee: \$25.00

Typed or printed name of signee