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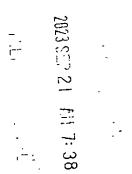
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COVER LETTER

Tallahassee, FL 32314

•	tration Se on of Cor			
		lian Garage, LLC		
SCRIECT: _		Name of Lir	nited Liability Company	
The enclosed A	articles of	Amendment and feets) are su	bnatted for filing.	
		ndence concerning this matter	_	
		David Femberg		
			Name of Person	
		Sarasota Italian Garage, L		
			Firm Company	
		24705 83rd Ave. E.		
			Address	
		Myakka City, FL 34251		
		Il'sink zi	City/State and Zip Code	
		dfeinberg@geomeast.net F-mail address:	to be used for future annual report not	tification)
For further info	unation co	oncerning this matter, please c	rail:	
David Feinberg	!		603 493-1696	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a cl	ieck for the	e following amount:		
#4 \$25 no Pali	ng Fee	Ll \$30,00 Filing Fee & Certificate of Status	LI \$55,00 Fifting Fee & Certified Copy indimonal copy is enclosed)	1.1 860.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed
	g Address tration S		<u>Street Address:</u> Registration Se	ection
Divis	ion of Cc	orporations	Division of Co.	rporations
P.O. 1	30x 6327	<i>!</i>	The Centre of 1	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 21 AN 7:38

Sarasota Italiao Garage, LLC	1- 30
(Name of the Limited Uability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{978/2018}{2}$	and assigned
Florida document number 1.18000221672	-
This amendment is submitted to amend the following:	
A. If amending name, onter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	.LC" 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 BON)	
B. If amending the registered agent and/or registered office address on our records, entagent and/or the new registered office address here:	er the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ado	Press
Cir.	Florida
	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 provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 60	and I am familiar with and

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

H 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 Addres		Address	Type of Action
MGR	Lori Ferguson	24705 83rd Ave. E. Myakka City, FL 34251	■ Add
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			TChange
			□Remove
			□Change
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ctive date, if other than the effective date is listed, the date mos	be specific and can	noi be prior to c	late of filing or	more than 90 d	ays affer filing	g.) Pursuant to 602	5,02
2 If the date inserted in this bloomers's effective date on the De- point's effective date on the De-			e statutory fil	ing requireme	nts, this dat	e will not be list	ted
ord specifies a delayed effective filed.	date, but not an	effective time	, at 12:01 a.m	i, on the carlic	er of: (b) - T	he 90th day afte	er il
d September 8	<u>}</u>	023					
	(XAC)						

Filing Fee: \$25.00