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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Mondello Pr	roperties, LLC			
SUBJEC1:		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Lisa Mondello			
			Name of Person		
		Mondello Properties, LLC			
	Name of Limited Liability Company nclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Lisa Mondello Name of Person Mondello Properties, LLC Firm/Company 5395 4th Street Address St. Augustine, FL 32080 City/State and Zip Code Lisainstaug@gmail.com E-nail address: (to be used for future annual report notification) rether information concerning this matter, please call: Mondello Name of Person Area Code Daytime Telephone Number sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations				
		5395 4th Street			
			Address		
		St. Augustine, FL 32080			
			City/State and Zip Code		
		Lisainstaug@gmail.com			
		E-mail address: (to be used for future annual report not	ification)	
For further i	nformation co	oncerning this matter, please ca	all:		
Lisa Monde	llo				
	Name of	Person		ne Telephone Number	
Enclosed is	a check for th	e following amount:			
≡ \$25.00)	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				ection	
	_				
	D. Box 632				
Та	llahassee, F	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

COVER LETTER

	gistration Servision of Corp			
SUBJECT:		roperties, LLC	·	
SUBJECT.		Name of Lim	ited Liability Company	
The encloses	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Lisa Mondello		
		 	Name of Person	
		Mondello Properties, LLC		
			Firm/Company	
		5395 4th Street		
			Address	
		St. Augustine, FL 32080		
			City/State and Zip Code	
		Lisainstaug@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Lisa Mondo	ilo		904 540-3556 at ()	
	Name of	f Person		Telephone Number
Enclosed is	a check for th	e following amount:		
≣ \$25.00		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 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 ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the Organ	any were filed on October 10, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Lisa A. Mondello, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS	2	5 "
		5 7
Enter new mailing address, if applicable:		유기
(Mailing address MAY BE A POST OFFICE BOX)	 	· <u>'</u> <u>'</u>
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r.nier r ioriaa street address	
	, Flo	rida
	Cay	гар Соае

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 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>	Name	Address	Type of Action
			□ Add
			🗀 Remove
			Change
			🗀 Add
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fective date, if other than the in effective date is listed, the date munifier. If the date inserted in this becument's effective date on the D	ock does not meet	the applicable st	of filing or more than atutory filing requir	90 days after filing.) Perments, this date w	tursuant to 605.0207 ill not be listed as
ecord specifies a delayed effective is filed.	e date, but not an e	ffective time, at	12:01 a.m. on the e	arlier of: (b) The (90th day after the
ted		021			
	LizaAMa	ndelle			
	Signature of a mem	per or authorized r	epresentative of a me	nber	
Lisa A. Mondello	Signature of a mem	ber or authorized r	epresentative of a me	nber	