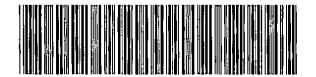
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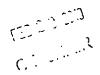
Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

POBSER 15 MAD 22 JOSEPHIZUCCHERO, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John Carter Name of Person Carter Revmann Law, P.A. Firm/Company 9500 Koger Blvd. #112 Address St. Petersburg, FL 33702 City/State and Zip Code john@crtlalaw.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: John Carter Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

		TO		رشي	
AR	FICLES O	F ORGANIZATION	ON		
		OF			
				and assigned	
JOSEPHJZUCCHERO, LLC	ana i saugo. Ze			- 100 F	
(Name of the Lim	(A Florida Lim	ompany as it now appears of atted Liability Company)	n our records.)	10 B	
			12011		
The Articles of Organization for this Limited	· · · · · · · · · · · · · · · · · · ·	pany were filed on $\frac{12/10}{2}$	72018 —————————	and assigned	
Florida document number 1.18000284774	,			,	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited	liability company here	•		
JOSEPH JAMES ZUCCHERO, LLC					
The new name must be distinguishable and contain the	words "Limited	Liability Company," the desig	gnation "LLC" or th	e abbreviation "L.L.C."	
-		N/A			
Enter new principal offices address, if appl					
<u>(Principal office address MUST BE A STRE</u>	<u>ET ADDRES.</u>	<u></u>		 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			
	<u> </u>				
					
B. If amending the registered agent and	d/or rogistoro	d office address on o	ur roopeds on	tor the name of the no-	
registered agent and/or the new registered			ur records, <u>em</u>	ter the name of the nev	
					
Name of New Registered Agent:	N/A				
Name of New Registered Agent.	-				
New Registered Office Address:					
		Enter Florida	street address		
			, Florida		
		City	_	Zip Code	
New Registered Agent's Signature, if changing	Registered Ag	<u>tent:</u>			
I hereby accept the appointment as register	ed goent and	narge to not in this cor	vacity I fincther	nargo to comply with the	
provisions of all statutes relative to the pro	• • •	•	•		

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	Add
			Remove
			☐ Change
			Add
			Remove
		Change	
			
			□ Remove
		☐ Change	
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			Change
		•	Remove
			☐ Change

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. Effective date, if other than th	N/A e date of filing:	(optional)	
 (If an effective date is listed, the date m 	ust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days after filing.) Pratutory filing requirements, this date will	
b) The 90th day after the re		effective time, at 12:01 a.m. on	the earlier of:
Dated February 12	2019		
Codal Co.			
2 M AC (11/2			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00