118000284884

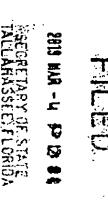
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COVER LETTER

TO:	Registration of				
01:5.H	Cazzo	, LLC			
SUBJE	CI:	-	Name of Limit	ed Liability Company	
The en	closed Articl	es of Am	endment and fee(s) are subn	nitted for filing.	
Please	return all cor	тesponde	nce concerning this matter to	o the following:	
			Dennis R. Gonzalez		
				Name of Person	· · · · · · · · · · · · · · · · · · ·
			Cazzo, LLC		
				Firm/Company	
			1006 Canal Street		
				Address	
			Ruskin, FL 33570		
		-	C. GONZAICZ.	City/State and Zip Code 400 VET i ZON , NE o be used for future annual report notif	ication)
For fu	ther informa	tion cond	erning this matter, please ca	ll:	
Denni	s R. Gonzale:	Z		at () 641-3043 Area Code Daytime	
	N	ame of Pe	erson	Area Code Daytime	Telephone Number
Enclos	ed is a check	c for the f	ollowing amount:		
■ \$2	5.00 Filing F	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Cazzo, LLC

2819 NAR -4 P 2:00

(A Flo	orida Limited Liability Company)	
(,, , , ,	TAY VAHASSEE FERRIDA	
The Articles of Organization for this Limited Liabilit	ty Company were filed on December 11, 2018 and assigned	
Florida document number L18000284884 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		
Torrida document number		
TALLAMASSEE. FEORIDA The Articles of Organization for this Limited Liability Company were filed on December 11, 2018 and assigned Florida document number L18000284884 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)		
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 AL	ODRESS)	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	0	
(Matting dutiess MAY BE AT OST OFFICE DOX		
B. If amending the registered agent and/or r	registered office address on our records, enter the name of the	
Name of New Registered Agent:		
	Enter Florida street address	
	Enter Florida street address	
	, Florida	

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>	<u>Address</u>	Type of Action
MGR	Dennis R. Gonzalez	1006 Canal Street Ruskin, FL 33570	= Add
			☐ Remove
			☐ Change
MGR	Carol A. Gonzalez	1006 Canal Street Ruskin, FL 33570	■ Add
		 	☐ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change

				
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tive date, if other than the date of filing:				
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records. In this date will not be listed as 's effective date on the Department of State's records. In this date will not be listed as 's effective date on the Department of State's records. In this date will not be listed as 's effective date on the Department of State's records. In this date will not be listed as 's effective date on the Department of State's records.			
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te: If the date inserted in this b	lock does not meet the applical	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to 605 ements, this date will not be liste	5.0201 ed as
		an effective time, a	t 12:01 a.m. on the earli	er o
January 31,	2019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00