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(Requ	iestor's Name)	
. (Addr	ess)	
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· (City/	State/Zip/Phone	 ∋ #)
. PICK-UP	WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	lling Officer:	

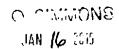
Office Use Only



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COVER LETTER

TO:	Registration So Division of Co			•
emoi		ompany LLC		
SOBI	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
-		Benita Coriano		
		Jeeves Holiday Homes	Name of Person	
		7978 Lake Wilson Rd.	Firm/Company	
		Davenport, FL 33896	Address	
		benny@jeevesfloridarentals		
			to be used for future annual report notifi	ication)
	irther information c a Coriano	concerning this matter, please ca	407 704-8986 ext.	. 1011
	Name C	of Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for t	he following amount:		
■ Si	25.00 Filing 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Coriano Company LLC

The Articles of Organization for this Limited L	iability Company	were filed on $\frac{01/04/2019}{}$	and assigned	
Florida document number L19000006458	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applic	able:		_	_
(Principal office address MUST BE A STREET ADDRESS)		·		
·		- <u></u>	<u> </u>	_
				
Enter new mailing address, if applicable:		Benita Coriano	3	_
(Mailing address MAY BE A POST OFFICE BOX)		7978 Lake Wilson Rd.		_
	· ·	Davenport, FL 33896	ွှာ် က	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			cords, enter the name of the	ne
New Registered Office Address:	7978 Lake Wils	son Rd.		
	_ 	Enter Florida street	address	_
	Davenport		_, Florida ³³⁸⁹⁶	
		City	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my dution of the provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is	

Page 1 of 3

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
AP	Filenow LLC	132 W. 36th St. Ste 507	
———			
		New York, NY 10018	
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effective date is listed, the late inserted	than the date of filing: ne date must be specific and cannot be prior in this block does not meet the applic on the Department of State's records	r to date of filing or more than 90 days a cable statutory filing requirements,	ptional) offer filing.) Pursuant to 605.0 this date will not be listed
	delayed effective date, but no the record is filed.	ot an effective time, at 12:0	1 a.m. on the earlier
d Janury 10	. 2019	—·	
	Signature of a member or auth	norized representative of a member	

Page 3 of 3

Filing Fee: \$25.00