L19000011373

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETATION OF STATE

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COVER LETTER

TO: Registration 8 Division of Co				
Room 22 l				
SUBJECT:	Name of Lin	ited Liability Company		
tri i la c'h				
	f Amendment and fee(s) are sub	_		
Please return all corresp	ondence concerning this matter	to the following:		
	Jeffrey Cinto			
		Name of Person	 	
	Room 221.LC			
	Firm Company			
	116 South Orange Avenue			
		Address		
	Orlando, FL 32801			
		City/State and Zip Code		
	jgitto@gmail.com			
r. s. v. ista vita		to be used for future annual report no	tilication)	
For turther information	concerning this matter, please o			
Jeffrey Gitto		813 453-1794 at ()		
Name	of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25 00 Filing Fee	[] \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration So	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 63.		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Room 22 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida launted l	ny as it now appears on our records, Liability Company)	,
The Articles of Organization for this Limited Liability Company for ida document number $\frac{1.19000011373}{1.19000011373}$.	were filed on 01/09/2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SE
Principal office address MUST BE A STREET ADDRESS)		2 0 D
Totalpin office man cas sees (1997) (1997) (1997) (1997)		
Inter new mailing address, if applicable:		3 2 1
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	- · · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered office a	address on our records, <u>enter t</u>	he name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	. <u>.</u>	
New Registered Office Address:		
1.00 AGENERAL VILLE TRIBECT.	Enter Florala street address	
	. Flor	rida
	City	Zy) 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 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>	Address	Type of Action
Other	Thompson Family Group Investmen	116 S. Orange Avenue	CIAdd
		Orlando, F1, 32801	-
			□Change
			(TRemove
			□Change
			□ Add
			□Remove
			□Change
			(JAdd
			□Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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reffec <u>te:</u> l	re date, if other than the date of filing: 12/01/2020 (optional) entire date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it's effective date on the Department of State's records.
s file	
ed _	12/01/2020
	Signature of a member or authorized representative of a member
	Signature of a member or Authorized representative of a member
	Typed or printed space