L19000093460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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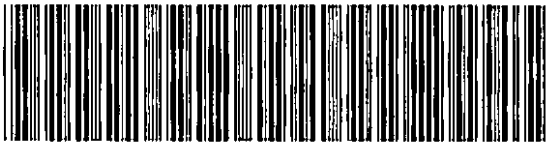

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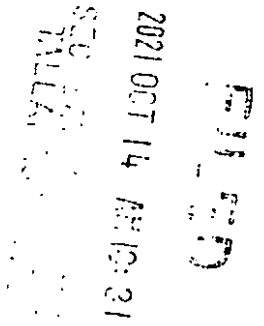

D. BRUCE
OCT 24 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTE & MONTE LLC
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:

Giacomo Monte
Name of Person

MONTE & MONTE LLC
Firm/Company

249 W State Rd 436, suite 1109
Address

Altamonte Springs, FL 32714
City/State and Zip Code

monte.monte.usa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giacomo Monte at (407) 670-5061
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MONTE & MONTE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/04/2019 and assigned Florida document number L19000093460.

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 registered agent and/or the new registered office address here:

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 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

Title	Name	Address	Type of Action
MGR	Marcellino Monte	VIA DE ROJE N. 22 GONARS UDINE, IT 33050	☐ Add
			■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Implementing 1 change to the company MONTE & MONTE LLC.

Removing the manager and member Marcellino Monte from the company MONTE & MONTE LLC.

Please see the attached written Notice of Withdrawal from Partnership.

2021 OCT 14 AM 10: 31

FILED

E. Effective date, if other than the date of filing: ______________________ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 10, 2021.

Signature of a member or authorized representative of a member

Giacomo Monte

Typed or printed name of signee

Filing Fee: $25.00

Notice of Withdrawal from Partnership

To: Partners of MONTE & MONTE LLC ("The Remaining Partners")
From: MARCELLINO MONTE

MARCELLINO MONTE (hereinafter referred to as the "Withdrawing Partner") is a partner in MONTE & MONTE LLC (hereinafter referred to as the "Partnership") established on the 4/04/2019. The Partnership was formed in accordance with Florida Articles of Organization.

The Withdrawing Partner desires to voluntarily withdraw from the Partnership. The date of the withdrawal will be 10 day of OCTOBER, 2021.

With this document, the Withdrawing Partner gives a notice of withdrawal in writing to the other partners. The Withdrawing Partner MARCELLINO MONTE asks for no payments or any other obligations from MONTE & MONTE LLC and its remaining partner GIACOMO MONTE.

2021 OCT 14 AM 10:31

MARCELLINO MONTE
Withdrawing Partner's Name

Withdrawing Partner's Signature

10/10/2021
Date