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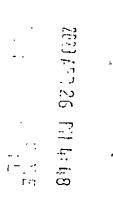
(Requestor's Name)
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COVER LETTER

Registration Section
Division of Corporations

TO:

MONTE &	& MONTE LLC			
	Name of Lir	nited Liability Company		
Γhe enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	GIACOMO MONTE			
		Name of Person		
		Firm/Company	-	
	249 W STATE RD 436 SI			
	ALTAMONTE SPRINGS	Address FL 32714		7
	<u></u>	City/State and Zip Code		2013 7 12
	monte.monte.usa@gmail.co	om to be used for future annual report not	fication)	20
For further information of	concerning this matter, please c	•	,	
GIACOMO MONTE		407 670 5061 at ()		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 7	Street Address: Registration Second Division of Corona The Centre of Tallahassee, FL	porations allahassee e Street, Suite 81()

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONTE & MONTE LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	~3
	·	·
		2
Enter new mailing address, if applicable:		<u>ි</u>
(Mailing address MAY BE A POST OFFICE BOX)		-TP
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
lew Registered Agent's Signature, if changing Registered	City	Zip Code
hereby accept the appointment as registered agent an orovisions of all statutes relative to the proper and concept the obligations of my position as registered ageneing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	——— nd agree to act in this capacity. I nplete performance of my duties ent as provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signatu	re 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> </u>	Name	Address	Type of Action
MGR	MONTE, GIACOMO	249 SR 436 SUITE 1109	□Add
		ALTAMONTE SPRINGS, FL 32714	
			Change
			□ Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change
	<u> </u>		
			□ Remove
			□Change

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factiv	e date, if other than the date	£ £11:		,	
n effec	tive date is listed, the date must be s	pecific and cannot be prio	r to date of filing or more	(optional) than 90 days after filing) Pursuant to 605 026
<u>ite:</u> 11	f the date inserted in this block d nt's effective date on the Depart	loes not meet the application	cable statutory filing r	equirements, this date	will not be listed a
ecord s	specifies a delayed effective date	e, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	ne 90th day after the
is filed	1.				
ted 04	4/21/2023				
u		,		00	£253
		1:00	Arizad renovamentation of		
	Signa	ture of member or auth	orized representative of	a member	
		~ `	1		J.
	GIACOMO MONTE	(-IACOMI	D <i>MONTE</i>		
	GIACOMO MONTE		ed name of signee		