L19000095195

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

	egistration Se vision of Cor				
SUBJECT	David M M	lastrangelo LLC			
SUBJECT		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Please retui	m all correspo	ondence concerning this matter David Mastrangelo	to the following:		
		David M Mastrangelo LLC	Name of Person		
		470 17th St SW	Firm/Company		
		Naples, FL 34117	Address		
		City/State and Zip Code dave_mastrangelo68@gmail.com			
		E-mail address: (to be used for future annual report notif	ication)	
For further	information c	oncerning this matter, please ca	all:		
David Mas	trangelo		239 293-5442 at ()		
•	Name o	f Person		: Telephone Number	
Enclosed is	a check for the	ne 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:

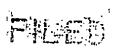
TO:

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



David M Mastrangelo LLC

(Name of the Limited Liability Company as it now appears on our records AFR 18 7 35 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	mpany were filed on 4/4/20	19 TALLAHASSEE, and assigned
Florida document number L19000095195	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		.01
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		r records, enter the name of the ne
New Registered Office Address:	Enter Florida	traut address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and oter 605, F.S. Or, if this document is
	If Changing Registered Agent,	Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	David Mastrangelo	470 17th St SW Naples, FL 34117	■ Add
			Remove
			Change

			□ Remove
			□ Change
			
		 	Remove
			Change
		-	□ Add
			☐ Remove
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			Remove
			☐ Change

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(If an ef Note:	ive date, if other than the date of filing: (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 15 2019
20.00	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00