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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:





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AUG 24 2023

COVER LETTER

TO:

TO: Registration Se Division of Cor		;	
	RIE HOME LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIANELLA GONZAI	LEZ ,	
		Name of Person	<u> </u>
	VAST AERIE HOME LL	С	
		Firm/Company	<u> </u>
	6420 Flat Lemon Dr		
		Address	
	Winter Garden, FL 34787		
		City/State and Zip Code	
	nellagonzalez77@gmail.com	m to be used for future annual report no	wire and the second
For further information c	oncerning this matter, please c	•	· ·
MARIANELLA GONZA	ALEZ	321 6954925 at ()	
Name o	f Person		ne 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 Addres Registration S		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite)	d Liability Compa A Florida Limited	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number L19000098280	bility Company 	were filed on 04/09/2	2019	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
NELLA VITA DESIGN LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A		
(Principal office address MUST BE A STREET ADDRESS)				2023
				1
				1
Enter new mailing address, if applicable:		N/A	•	P
(Mailing address MAY BE A POST OFFICE BOX)				2
Mauring undress MAT BE ATOST OFFICE B	<u>ionj</u>			သ
3. If amending the registered agent and/or regent and/or the new registered office address		address on our reco	rds, <u>enter the name</u>	of the new regi
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	N/A			
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□ Add
			☐ Remove
			□Change
	N/A		□Add
			□ Remove
			□Change
	N/A		□Add
			□ Remove
		☐ Change	
	N/A		
			□Remove
		□Change	
	N/A		
			□ Remove
			□Change
	N/A		□ Add
			□Remove
			□Change

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