419000100389

	(Requestor's Name)
	(Address)
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	(Document Number)
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A. RAMSEY NOV -δ 2023

COVER LETTER

	Registration Sc Division of Cor			
CUDIE		NO MACHINE TOOLS LLC		
SUBJEC	1:	Name of Lim	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	emitted for filling.	
Please ret	urn all correspo	endence concerning this matter	to the following:	
		CLAUDIA GIRALDELLI	LIMA	
		***	Name of Person	
		CLAUDIA LIMA TAX &	ACCOUNTING LLC	
			Firm/Company	
		2546 AULD SCOT BLVD		
		CLAUDIA LIMA TAX & ACCOUNTING LLC Firm#Company 2546 AULD SCOT BLVD Address OCOEE, FL 34761 City State and Zip Code INFO@CLAUDIALIMATAX.COM E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: A		
		OCOEE, FL 34761		
			City State and Zip Code	
		<u>.</u>		
		E-mail address: (to be used for future annual report not	ufication)
For furthe	er information co	oncerning this matter, please co	alt:	
CLAUDI	A LIMA			
	Name of	f Person		ne Telephone Number
Enclosed	is a check for th	ic following amount:		
■ \$25.0	0 Filing Fee	_		
1	Mailing Address Registration S	Section	Street Address: Registration Se	
	Division of C P.O. Box 632	-	Division of Co The Centre of	•
7	Fallahassee, F	FL 32314		oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GALZERANO MACHINE TOOLS LLC

company has been notified in writing of this change.

2023 OCT 30 PM 4: 03

THE SSEE	(A Florida Limited Liability Company)		
and assigned	of Organization for this Limited Liability Company were filed on $\frac{04/1}{2}$	s of Or	The Arti
	ment number L19000100389	ument	lorida d
	nent is submitted to amend the following:		
	ing name, enter the new name of the limited liability company her	ıding n	A. If an
LLC" or the abbreviation "L.L.C."	must be distinguishable and contain the words "Limited Liability Company," the des	e must be	The new n
	rincipal offices address, if applicable:	princip	Enter ne
	fice address MUST BE A STREET ADDRESS)	office a	Principa
			1 7 4
	ress MAY BE A POST OFFICE BOX)	<u>ldress</u> i	<u>'Mailing</u>
			
iter the name of the new regist	ing the registered agent and/or registered office address on our rec the new registered office address here:		
	ne of New Registered Agent:	ame of	
	Registered Office Address:	ew Reg	
dress	Enter Florid		
. Florida			
Zip Code	City		
	ed Agent's Signature, if changing Registered Agent:	ered Ag	New Reg
, and Lam	ed Agent's Signature, if changing Registered Agent: ept the appointment as registered agent and agree to act in this ca fall statutes relative to the proper and complete performance of manages of the proper and complete performance of the proper agent as provided for in Ch	cept th of all s	l hereby provision

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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

ritte	Name	Address	Type of Action
MGR	GIOVANNI GALZERANO	14247 OASIS COVE BOULEVARD	□Add
		WINDERMERE, FL 34786	■ Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the date in a control of an effective date is fisted, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applica	o date of tiling or more tha	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605,0207 (3 listed as th
e record specifies a delayed effective d rd is filed.	late, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day a	ifter the
Dated JULY 11TH	20223	_ ·		
4	Visto.			
MinuloCrnati	gnature of a member or author			