Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000265711 3)))



H190002657113ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012

Phone : (954)659-8835 Fax Number : (954)301-0417

Enter the email address for this business entity to be used for future $\overset{\leftarrow}{\mathfrak{D}}$ annual report mailings. Enter only one email address please.

Email Address: ashihara6821@yahoo.es

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RIZZI BROTHERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

14154847068 → 18506176380

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIZZI BROTHERS 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 05/07/2019	and assigned
Florida document number L19000117123	(G)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	V 17
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, registered agent and/or the new registered office address here: Name of New Registered Agent:	
Name of New Registered Highin	
New Registered Office Address: Enter Florida street address	
Flo	rida
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 furt provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F	l I am familiar with and

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

→ 18506176380

or removed from our records:

MGR □ Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VITO EMILIO RIZZI DURAN	20861 NW 3RD LANE	
			B Add
		PEMBROKE PINES, FL 33029	
			□ Rèmove
			Change
			D Add o
			DAddz
			دِن <u></u>
			D Remove.
			Change
			D Add
			
			□ Remove
			5 6 6
			☐ Change
			D Agg
			□ Remove
			O Remove
			☐ Change
			□ Remove
			D Change
			□ Remove
			Change

	: 1 c
	<u> </u>
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more that of the date inserted in this block does not meet the applicable statutory filing rec	nan 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed as
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
The Soul day after the record is theo.	
AUGUST 27TH / 1 2019	
ated Addos 27111	
# L T L T	

Page 3 of 3

Filing Fee: \$25.00