## L19000 152 588

(Re	questor's Name)	
bA)	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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2020 FFR 20 AM 8: 50

C. GOLDEN MAR 1 4 2020

## **COVER LETTER**

TO:

		.C		
SOBJEC	JT:	Name of Limit	ed Liability Company	
The encl	losed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		Marcos Paulo Del Nero		
			Name of Person	
			Firm/Company	
Firm/Company  8787 Iron Mountain Trail  Address				
			Address	
Windermere - FL - 34786				
			•	
				tification)
For furt	her information o			,
Marcos	Paulo Del Nero			
	Name o	of Person	Area Code Daytii	me Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>≡</b> \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration Division of O P.O. Box 63:	Section Corporations 27	Registration S Division of Co The Centre of	orporations Tallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 FEP 20 AH 8: 50 Del Nero 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 06/10/2019 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Marcos Paulo Del Nero LLC 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			\_Add
			Change
			□Add
			□Remove
			Change
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Note:	ve date, if other than the date of filing:
e recor rd is fi	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	February, 17 2020
ひなにに	
Dated	
Dateu	Signature of a member or authorized representative of a member
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00