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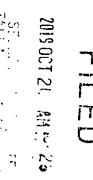
(Requ	estor's Name)
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COVER LETTER

Division of Corp			•
MIKENDA. SUBJECT:	ZZOART LLC		
JUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	SHANNON SHELTON		
		Name of Person	
	SHELTON FINANCIAL		
		Firm/Company	.
	4245 EAST NC 10 HWY		
		Address	
	CLAREMONT, NC 2861	0	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report nonfi	ication)
For further information co	oncerning this matter, please c	all:	
SHANNON SHELTON		828 241-5337 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

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

MIKENDAZZOART LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears (Liability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on SEP	Tember 5, 2019	and assign	ned
Florida document number L19000225124	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company hero	<u>2</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the at	obreviation "L.L.C	,
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI		MICHAEL RANI	DAZZO		
		1752 BIG OAK L	ANE		
		KISSIMMEE, FL	34746		
Enter new mailing address, if applicable:				2015 (n SE.	
(Mailing address MAY BE A POST OFFICE BOX)				CT 21,	7
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter	the name of	the he
				. ' 0)	
Name of New Registered Agent:	MICHAEL RA	ANDAZZO			
New Registered Office Address:	1752 BIG OAL	K LANE			
		Enter Florid	a street address		
	KISSIMMEE		, Florida <u></u>		
		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.

M 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>	<u>Address</u>	Type of Action
MGR	MIKE RANDAZZO	1752 BIG OAK LANE	
		KISSIMMEE, FL 24746	
			Remove
			Change
MGR	MICHAEL RANDAZZO	1752 BIG OAK LANE	■ Add
		KISSIMMEE, FL 24746	B Add
			Remove
			□ Change
***			_ Add
			□ Remove
			□ Change
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			Change

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(II an elle Note:	ve date, if other than the date of filing:
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	·
	OCTOBER 4 2019
	Cal Page
	Signature of a member or authorized representative of a member MICHAEL RANDAZZO MANAGER

Z

Page 3 of 3

Filing Fee: \$25.00