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PICK-J	y WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instruction	n to Filing Officer	22

Office Use Only



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SECRETARY OF STATE

O SIMINION

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	N COURT LLC				
SUBJECT:		ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspon	ndence concerning this matter to	o the following:			
	RENAN RODRIGUES				
		Name of Person			
	CSG - CAPITAL SERVIC	ES GROUP INC			
		Firm/Company			
	6735 CONROY RD UNIT	305			
		Address			
	ORLANDO, FL 32835				
		City/State and Zip Code			
	RENAN@THEWAYGROU				
Englisher information of	E-mail address: (t oncerning this matter, please ca	o be used for future annual report notif	ication)		
RENAN RODRIGUES		407 5776 at () Area Code Daytime			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	etion		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1049 HERON COURT LLC

2321 MAY - 5 AM 11: 00

(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 $\frac{09/23/2019}{1}$ ____ and assigned Florida document number ______L19000239980 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALBERICI HOLDINGS 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 , Florida ___ 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 2621 MAY -S AMII: 00 **Title** Name <u>Address</u> Type of Action _____ □Remove _____ □Change _____ □ Add ______ □Change _____ 🗆 Add _____ □Change _______ Remove _____ □Change _____ □Remove ______ Change

Effective date, if other than the date of filing: (uptiunal) (up		221 81 V
Effective date, if other than the date of filing: (optional) (an effective date, if other than the date of filing: (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The effective date on the date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. APRIL 12TH 2021 April 12TH 2021 April 12TH 2021		- Ailling
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Filing Fee: \$25.00