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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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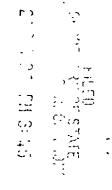


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Name Change

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Clite Just	ted Liability Company	Ciolito LLC	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all corresp	ondence concerning this matter t	o the following:		
		SONYO LIO	17/5_	
	Elite R	Firm/Company	occioists LLC	-
	MLDY3 P	Udd Court	<u></u>	
	Jackson	VIIIC EL 3 City/State and Zip Code	2210	
			Dyanos.com	
	E-mail address: (to	be used for future annual report notif	ication)	
Sonya	concerning this matter, please ca	912 57	Telephone Number	
		7.1.2. 2.2.2		
Enclosed is a check for t	the following amount:		$\widetilde{\omega}$;
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	•

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

* I only wont to change the name of the

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending	-				dress of each person being added
MGR = M	lanager uthorized Member	THIS	is	N/A-	Stayouhc Some
<u>Title</u>	<u>Name</u>	Ad	<u>dress</u>		Type of Action
					□Remove
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_____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. \ \

E. Effective date, if other than the date of filing: (If 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 (3)(b. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated 10 23 30 ,
Signature of a member or authorized terrosentable of a member Typed or printed name of signee