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SECRETARY OF STATE
TALLAHASSEE E

COVER LETTER

	gistration Se rision of Cor			
CHOIFCT.	San Marco	Investment Group LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Filippo Balzan		
			Name of Person	
		San Marco Investment Gro	oup LLC	
			Firm/Company	
		5141 Ravena Ave E		
			Address	
		Saint Cloud, FL 34771		
			City/State and Zip Code	
		balzanfilippo@msn.com		
		E-mail address; (to be used for future annual report	notification)
For further i	nformation c	oncerning this matter, please ca	all:	
Filippo Bala	⁄an		407 6257709	
	Name o	f Person	at ()	vtime Telephone Number
Enclosed is	a check for th	ne 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)
	niling Addres		Street Address	
	gistration S vision of C	Section orporations	Registration Division of 0	
	O. Box 632	•		of Tallahassee
Ta	llahassee. I	FL 32314	2415 N. Moi	nroe Street, Suite 810

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

San Marco Investment Group LLG			
(Name of the Lin	ited Liability Company as it now ap (A Florida Limited Liability Compa	nears on our records.) ny)	
The Articles of Organization for this Limited	11-01-2019	and assigned	
Florida document number L19000273267	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the		A. A. d. ada and a H. C. and A.	disa of 1 to "
the new name must be distinguishable and contain the	words "Limited Liability Company," i	he designation "LLC" or the abbrevia	aton T.H.C.
Enter new principal offices address, if appl	icable:	 ·	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on ou	ir records, enter the name of t	OF S
M CM D I LL	Filiopo Balzan		T 7 2
Name of New Registered Agent:	Filippo Balzan		27 FATE
Name of New Registered Agent: New Registered Office Address:	5141 Ravena Ave E	Elected street address	27 FATE
•	5141 Ravena Ave E	Florida street address Florida ³⁴⁷⁷ 1	27 FATE

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
			□ Add
			Remove
			☐ Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			Remove
			Change
			□Add
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	10- 1 8-202	2		
ective date, if other than the date of ective date is listed, the date must be spe	of filing:ecific and cannot be prior	or to date of filing or mo		1 <u>g</u> .) Pursuant to 605,020
te: If the date inserted in this block do cument's effective date on the Departm			requirements, this da	te will not be listed a
·				
cord specifies a delayed effective date,	, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
s filed.				
October 1 8th ted	2022			
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	ture of a member or attl	Æ.		