## L20 000 008 763

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CAROLIN SUBJECT:	NE VALENTINO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CAROLINE VALENTING		
		Name of Person	
	CAROLINE VALENTING	DLLC	
		Firm/Company	
	2289 TREASURE HILL S	т	
		Address	
	MINNEOLA, FL 34715		
		City/State and Zip Code	<del>-</del>
	CAROLINEVALENTINO		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
CAROLINE VALENTI	ONI	407 989-1845 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addra Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAROLINE VALENTINO		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on (01/02/2020)	and assigned
orida document number L20000008763		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
		24
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation L.L.C."
nter new principal offices address, if applicable:	2289 TREASURE HILL ST	
Principal office address MUST BE A STREET ADDRESS)	MINNEOLA, FL 34715	
		원실 공항
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	2289 TREA SURE HILL ST	
	MINNEOLA, FL 34715	

## 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

. Florida \_

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
			□Add
			□Remove
			□Change
			□Add
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		<del></del>	□Add
			□Remove

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		05/23/2024		_	
ective date, if other than the effective date is listed, the date in	e date of filing; ist be specific and ca	nnot be prior to da	te of filing or more	(optior than 90 days after fi	i <b>al)</b> ling.) Pursuant to 605,0
te: If the date inserted in this butternent's effective date on the I	lock does not mee	et the applicable	statutory filing re	equirements, this o	fate will not be listed
difference date on the i	repartment of Star	ic s records.			
cord specifies a delayed effecti	ve date ibut not ar	s effective time	at 12:01 a.m. on	the earlier of: (b)	The 90th day after t
s filed.	ve date, but not at	refreeding time,	at 12.01 a.m. on	ine carrier or, (o)	The John day after t
ted MAY 23		2024			
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	<u> </u>	mhny	d representative of		