L20000093915

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DATE: 7/14/2021

NAME: VINCENZA FAMILY ENTERPRISES LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

VINCENZA FAMILY Enterprises LLC
(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	y were filed on April 12020 and assigned
Florida document number <u>L200000 939</u> 15	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	\$2 2
	ALCR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
R If amonding the	(i) 05
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: / // // // // // // // // // // // //	Cenza T. Costa 1. Olcander Avenue Enter Florida street address 2. Beach, Florida 32/18 City Zip Code
New Registered Office Address: 539 N	1. Olcander Avenue
	Enter Florida street address
Daytone	Beach, Florida 32/18
New Registered Agent's Signature is about a province	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.

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
AMBR	Vincenza T. Costa	315 University BIVA. Daytona Beach FL 32118	Z Add
			□Remove
			EChange
			□Add
			□Remove
		SECRE TALL	Change 27
		SECRETAND FINANCE STATES TATES TO STATE STATES TO STATE STATES TO	_ HAdd I
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Dated 07-11, 2021.	e record specifies a delayed effective date, but not an effective time, at 12: rd is filed.	01 a.m. on the earlier of: (b)	Γhe 90ti	h day ai	fter the
Signature of member or authorized representative of a member VINICAZA I., COSTA Typed or printed pages of signes.	Signature of member or authorized repre	sentative of a member			

Filing Fee: \$25.00