K20000095993

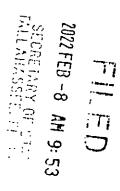
(Red	questor's Name)	
(Ado	dress)	
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(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	1
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Certified Copies	_ Certificates of	Status
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J	I. HORNE	
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COVER LETTER

Registration Section **Division of Corporations**

Tallahassee, FL 32314

SUBJECT:		ZOTTI.LLC		
	Name of L	mited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are so	ibmitted for filing.	•	
	oondence concerning this matte			
		Angela Mack		
		Name of Person		
	TAX ACCOU	NTING & FINANCIAL SPECIA	LISTS LLC	
		Firm/Company		
	2295 S.	HIAWASSEE RD STE 407F		
		Address		
	ORLANDO, FL 32835			
		City/State and Zip Code		
		X@CREATRIXOFFICES.COM		
San Caral		(to be used for future annual report no	otification)	
or jurther information (concerning this matter, please of	call:		
Angela Mack		407 710-0808 at ()		
Name o	of Person		me Telephone Number	
inclosed is a check for t	he 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 Addres	<u>s:</u>	Street Address:		
Registration S Division of C		Registration Se	ection	
P.O. Box 632		Division of Co The Centre of		
		inc Contre or	Lananassee	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	LUZOTTI, i			2022 FEB -8	A¥ 0-52
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on a Liability Company)	our records.)		
The Articles of Organization for this Limited L. Florida document number 1.20000095993				SECRETARY FALL AHASSE and ass	OF STAR C. Flice: igned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited ligh	oility company here:			
N/A					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	tion "LLC" or	the abbreviation "L.I	"C."
Enter new principal offices address, if applications	able:	N/A			
(Principal office address MUST BE A STREET ADDRESS)		N/A			
		N/A			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	N/A			
-		N/A			
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a s here: N/A	address on our record	s, <u>enter the</u>	name of the new	registered
Name of New Registered Agent:			-		
New Registered Office Address:	N/A				
		Enter Florida str	eet address		
	N/A		Florid	a <u>N/A</u>	
		Ciţv		Zip Code	

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>	<u>Address</u>	Type of Action
MBR	Gigliotti M. Luzo , Rodrigo	2295 S. HIAWASSEE RD STE 407F	≣ Add
		ORLANDO, FL 32835	□Remove
			□ Change
MBR	Gigliotti M. Luzo , Thais	2295 S. HIA WASSEE RD STE 407F	■Add
		ORLANDO, FL 32835	□Remove
			□ Change
	-		
			□Remove
			□ Change
			□Add
			□Remove
			Change
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			□ Change
			🗖 Add
			□Remove
			□Change

N/	/A	
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fective	date, if other than the date of filing:	N
n effecti	ive date is listed, the date must be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 605.0
<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	the date inserted in this block does not meet the applicable state is effective date on the Department of State's records.	utory filing requirements, this date will not be listed
	•	
ecord sp	pecifies a delayed effective date, but not an effective time, at 12	2.01.3 m. on the earlier of the The 90th day of are
is filed.		The Minday after
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ted	Monaury 31 2022) Magas Vancius M	.2
	0 m .	. 11
	Signature of a member or authorized repr	autien func
		Cocinative of a member

Filing Fee: \$25.00