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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
B)	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COMMONS

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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Piccoli Holdings LLC		
The state of the s		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
C.g.man		Vehicle Search
		Driving Record
Requested by: SETH 06/22/20		UCC 1 or 3 File
Name Date	Time	UCC 11 Search
Name Date	THIC	UCC 11 Retrieval
Walk-In Will Pick U	p	Courier

COVER LETTER

	egistration Sec vision of Corp			
SUBJECT:	Piccoli Holo	lings LLC		
SOBJECT	•	Name of Limi	ited Liability Company	
				1
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	rn all correspor	ndence concerning this matter	to the following:	
		Michael W. Piccoli II		
			Name of Person	
			Firm/Company	
		7601 N FEDERAL HWY	SUITE A-200	
			Address	
		BOCA RATON, FL 3348	_	
		*	City/State and Zip Code	
		mike@greenarrow.com	16 6	·
		h-mail address: (1	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Michael W	/. Piccoli		561 400-9260 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	s a check for th	e 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 DocuSign Envelope ID: 3383F59F-87C2-4601-99D0-2042ED1AFCAA

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PICCOLI HOLDINGS ELC

2020 JUL 22 71 7:55

(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 were filed on ______ and assigned 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 "LLC." 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.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID. 3383F59F-B7C2-4601-99D0-2042ED1AFCAA 11 amenuing Authorized rerson(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 2020 J. J. 2020 11	i 7: 55
MGR	Michael W. Piccoli II	7001 N. Federal Fray., 3tc. A-200	+ 7-05 B Add
	Boca Raton, Florida 33487	□ Remove	
			Change
			□ Remove
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E. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 stutory filing requirements, this date will not be listed as
TE bloom and an existing a dele-	and offertive date, but not an a	effective time at 12:01 a.m. on the earlier of
(b) The 90th day after the r		ffective time, at 12:01 a.m. on the earlier of
Dated	2020	
	DocuSigned by:	
	Michael ficcoli Signature of a member of familiar fixed re	<u></u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00