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COVER LETTER

TO:	Registration Sec Division of Cor			
cunt				
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	return all correspo	Susan Marianetti Susan Marianetti Firm/Company 198 Abeto Terrace Address Schastian, FL 32958 City/State and Zip Code smarianetti E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: rianetti Name of Person 1 585 7978729 Name of Person Name of Person Name of Person Daytime Telephone Number		
		Susan Marianetti		
			Name of Person	
			Firm/Company	_
		Susan Marianetti Name of Person Firm/Company 198 Abeto Terrace Address Sebastian, FL 32958 City/State and Zip Code smarianetti@frontiernet.net E-mail address: (to be used for future annual report notification) perning this matter, please call: 585 7978729 at (
			Address	
		Sebastian, FL 32958		
		Schastian, FL 32958 City/State and Zip Code smarianetti@frontiernet.net E-mail address: (to be used for future annual report notification)		
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For furt	ther information co	oncerning this matter, please ca	all:	
Susan l	Marianetti			
	Name o	f Person	Area Code Daytime Telephone Numb	per
Enclose	ed is a check for th	ne following amount:		
■ \$23	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Torporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number 1.20000210431	were filed on July 20, 2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	198 ABETO TERRACE			
(Principal office address MUST BE A STREET ADDRESS)	SEBASTIAN, FLORIDA 3295	58		
		.=		
		70.14		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	liability company here: Liability Company," the designation "LLC" or the abbreviation 198 ABETO TERRACE SEBASTIAN, FLORIDA 32958 Enter Florida street address Enter Florida street address	, , <u> </u>		
		- ; 		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres	es — — — — — — — — — — — — — — — — — — —		
	FL	orida		
	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 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
MR	JOHN SANDERS	1364 Tilberg Ave NW	□Add
		Palm Bay, FLORIDA 32907	=Remove
			□Change
MR.	MARTIN MARIANETTI	274 GIBSON STREET	□Add
		CANANDAIGUA, NY 14424	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date	if other tha	in the date of	filing:			(optional)	
If an effective da Note: If the d	te is listed, the da ate inserted in t	ate must be speci	fic and cannot be not meet the a	prior to date of fil pplicable statute	ling or more than 90	days after filing.)	Pursuant to 605.0207 (vill not be listed as t
e record specif and is filed.	es a delayed el	ffective date, b	ut not an effect	ive time, at 12:0)1 a.m. on the ear	lier of: (b) The	90th day after the
ocro	BER 11		1 2024 May 2	 A			
Dated OCTO		Musa	MAKA	11/1			
Dated		Signature	- I WUNUL		sentative of a memb	oer	

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