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(Requ	uestor's Name	?)
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(City/	State/Zip/Pho	ine #)
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COVER LETTER

TO: Registration Se Division of Cor			
17154 Wrig			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Piease return all correspo	ondence concerning this matter	to the following:	
	John DiMurro		
		Name of Person	
		Firm/Company	
	160 Bahia Via Dr.		
		Address	
	Fort Myers Beach, Florida	33931	
	jdimurro@aol.com	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report noti all:	fication)
John DiMurro		917 626-4704	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration Division of O	Section	<u>Street Address:</u> Registration Se Division of Cor	rporations
P.O. Box 63	27	The Centre of T	Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

17154 Wrigley, LLC

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Company as it now appears on our records.) Pil 3: 56
(A Florida Limited Liability Company) E.S. T. and assigned The Articles of Organization for this Limited Liability Company were filed on August 7: 2020 Florida document number <u>L20000238848</u> 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 City 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>	Name	Address	Type of Action
AMBR	John DiMurro	160 Bahia Via Dr.	□Add
		Fort Myers Beach, FL, 33931	□Remove
			■ Change
AMBR	Evdoxia Vicky Travlos	160 Bahia Via Dr.	■Add
		Fort Myers Beach, FL. 33931	□ Remove
		□ Change	
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Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the E	lock does not i	neet the applica	to date of tiling thle statutory	or more than 90 filing requiren	(optional) days after filing.) nents, this date v	Pursuant to 605.0 vill not be listed)207 (d as t
record specifies a delayed effecti d is filed.	ve date, but no	t an effective ti	me, at 12:01 a	a.m. on the ear	lier of: (b) The	90th day after	the
October 20		2021					
	\						
- Jim	Signature of a	member or autho	orized represent	tative of a memb	er		
	····		•				
John DiMurro							