## 120000 272755

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## **COVER LETTER**

	egistration Section Section of Corp					
SUBJECT		LA BY FREDERICO ELC				
OU DARCE	·	Name of Limi	ited Liability Company			
The enclos	sed Articles of	Amendment and feets) are sub-	mitted for filing.			
Please rett	im all correspo	ndence concerning this matter	to the following:			
		ANGIE FINLEUY				
		<u> </u>	Name of Person			
		ANGIE FINLEY FINANC	HAL			
			Firm/Company			
		8720 SW HWY 200 SUIT	E 7			
		Address				
		OCALA FL 34481  City/State and Zip Code				
		ANGIE@ANGIEFINLEYF	INANCIAL.COM to be used for future annual report not	itication		
For faithe	r information c	uncerning this matter, please or				
ANGJE F			352 368-2207			
		f Person	at ()	ne Telephone Number		
Enclosed	is a check for th	he following amount:				
<b>≘ \$2</b> 5.0	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radiational copy is enclosed)		
	Mailing Addres		<u>Street Address:</u> Registration Sc	ertion		
	Division of C		Division of Co			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIAO BELLA BY FREDERICO 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 were filed on SEPT 1, 2020 and assigned Florida document number 120000272755 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CIAO BELLA BY FEDERICO, LLC 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

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
			©Remove
			D'Change
			□Add
		□Remove	
			□Change
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		□Add	
		□Remove	
	1. 1.	]Change	
			□Add
			□Remove
			□Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effect	ive date, if other than the date of filing:
Note:	If the date is used, the date must be specific and cannot be prior to date of filing or more man 30 days after filing.) Fursional to 605,0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lient's effective date on the Department of State's records.
f the recordecord is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	September 21 . 2020 .
	Signature of a member or authoused representative of a member
	Federico Cuomo

Filing Fee: \$25.00