## K20000291519

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	Registration Se Division of Cor					
OUD IEC	DERUSO 1	LLC				
SUBJECT: Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:			
		ANNA CARUSO				
			Name of Person			
		DERUSO LLC				
			Firm/Company			
		2301 SW 20TH STREET		ري سيد	202	
			Address	- 50 - 10 - 10 - 10	1 H.	7
		MIAMI, FL 33145			2021 HAY 18	
			City/State and Zip Code	07		
		anna.caruso.1@gmail.com			; <del>,</del>	
t: €1-	:- 6		to be used for future annual report notification)	四點	: 12	
For furthe	er information co	oncerning this matter, please c	ait:			
ANNA C	CARUSO		305 301-2777 at ( )			
	Name of	f Person	Area Code Daytime Telephone	Number		
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Certificate of Certified Conditional cop	f Statu py	
]	Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Section Division of Corporations			
	P.O. Box 632 Tallahassee J		The Centre of Tallahasse			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERUSO LLC				
( <u>Name of the Limited Liability Comp</u> a (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company	were filed on 09/16/2020	and assigned		
Florida document number L20000291519				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
STUDIO DELL'ARTE, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		20 <b>21</b>		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
Matting address MAT BE A POST OFFICE BOX)	·	735		
		<u> </u>		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regist		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addr	ess		
	zmer rumaa street aaaress			
<del></del> -	, F	FloridaZip Code		
	Ou's	ray come		

## 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
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			□Change
			□ Add
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		05/12/2021					
ective date, if other than the effective date is listed, the date in this lument's effective date on the	ust be specific and o block does not me	: cannot be prior to cet the applicab	date of filing or r le statutory filin	nore than 90 days	optional) after filing.) F i, this date w	ursuant ill not b	to 605.020 oc listed a
cord specifies a delayed effect s filed.	ive date, but not a	in effective tim	e, at 12:01 a.m.	on the earlier o	of: (b) The	90th da	y after the
MAY 11		2021					
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