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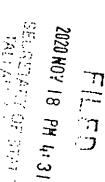
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Solivision of Col			
	ino Piccolo L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raquel Martinez Santiago		
	······································	Name of Person	
	Mio Bambino Piccolo L.I.	.C.	
		Firm/Company	
	10132 Rose Petal Place		
		Address	
	Riverview FL 33578		
		City/State and Zip Code	
	elimiobambino@gmail.com		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Raquel Martinez Santiag	āo	813 734-6134	
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)
Mailing Addre		Street Address: Registration Sec	etion
Registration Division of O		Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee	FL 32314	2415 N. Monro	e Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mio Bambino Piccolo L.L.C.	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	v appears on our records.) mpany)
he Articles of Organization for this Limited Liability Company were filed	f on October 5,2020 and assigned
orida document number $\frac{1.20000314657}{1.20000314657}$.	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	pany here:
ne new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	1.102d
	2020 NOV
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	-5 P M
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	်
. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:	n our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Inter Florida street address
City	, Florida Zin 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 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>	<u>Address</u>	Type of Action
MGR	Raquel Martinez Santiago	10132 Rose Petal Place Riverview FL 33578	🗹 Add
			□Remove
			□Change
MGR	Felix Agosto Soto	10132 Rose Petal Place Riverview Fl 33578	□Add
			Remove
			□ Change
			□ Add
			□Remove
			Change
		-	□Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change
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			□ Change

Effective date, if other than the date of filing:				
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