L21000002759

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor		₹ <u>.</u> • # *	
CUBICCT	RICCI LLC		
		ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUISA LANDRIANI		
		Name of Person	•
	MLL CONSULTING		
		Firm/Company	
	1071 NE 82ND TERRACI	3	
		Address	
	MIAMI, FL 33138		
	LUISA@MLLCONSULTII	City/State and Zip Code	
	-	to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	ail:	
LUISA LANDRIANI		954 2427045 at ()	
Name of	Person		me Telephone Number
Enclosed is a check for th	e 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Horida document number L21000002759	pany were filed on 12/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	~
TERZO TEMPO LLC		2023
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation .L.C.
Enter new principal offices address, if applicable:		30 55.
Principal office address MUST BE A STREET ADDRES.	<u> </u>	<u> </u>
		<u> </u>
		27
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MALIDIZIO DICCLI I C

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
			□Add
			□Remove
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te date of filing:	

Filing Fee: \$25.00