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COVER LETTER

Division of Co		
SUBJECT: Agostini I	Enterprises LLC	
	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Leandro Agostini	
	Name of Person	202 SE FAL
	Agostini Enterprises LLC	F JUI
	Firm/Company	FIL 1022 JUN - 6 SERRITANI ALL AHANG
	19432 NE 26th Ave, apt 93	FILED
	Address	8: 03
	Miami, FL 33180	
	City/State and Zip Code	
	leandro contact@gmail.com E-mail address: (to be used for future annual report notification	1)
For further information	concerning this matter, please call:	,
Leandro Agostini	at (424) 340-4151 of Person Area Code Daytime Telep	
Name	of Person Area Code Daytime Telep	phone Number
Enclosed is a check for	the following amount:	
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agostini Enterprises LLC		
(Name of the Limited Liability C (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
lorida document number 1.21000041504		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
Cazulio LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES		
Frincipal office address MOST BE A STREET ADDRES	1.7/	F ₁ 2
		- [-8] 22
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<i>i</i> , − , − , − , − , − , − , − , − , − , −
		
3. If amending the registered agent and/or registered o	ffice address on our records, enter the	name of fite new regist
gent and/or the new registered office address here:	ince dudiess on our records, <u>enter the</u>	name of the new region
Name of New Povietered Avents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zip 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>	Address	Type of Action
AMBR	Vlademir Bin	4 Lavina Ct, Summit, NJ (1790)1	≘Add
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ffective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the Document	be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requiren	(optional) days after filing.) Pursuant to 605.020 nents, this date will not be listed as
e record specifies a delayed The 90th day after the rec	effective date, but not an effective time, at ord is filed.	12:01 a.m. on the earlier o
	2022	
May 26th		
	 ·	
May 26th ated	Signature of a member of authorized representative of a memb	ocr .