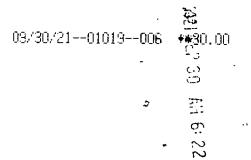
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COVER LETTER

TO: Registration Se Division of Cor			
Rizzi Holdi			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gabriel T. Rizzi		
		Name of Person	
	Rizzi Geriatric Associates		
		Firm/Company	
	936 Barcarmil Way		
		Address	
	Naples, FL 34110		
		City/State and Zip Code	
	grizzimd@comeast.net E-mail address; (to be used for future annual report notific	cation)
For further information e	oncerning this matter, please c		
Gabriel T. Rizzi		239 7760140	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	ion
Division of C		Division of Corn	

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

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

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ALISE: 30 AH 6: 22

Rizz Holding T, 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 02/21/2021 and assigned Florida document number <u>L21000058963</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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 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 , Florida 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

ANTER - Authorized Member		編185230 AM 6: 22)
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR Terese A. Rizzi	Terese A. Rizzi	936 Barcarmil Way	= Add
		Naples. FL 34110	□ Remove
			□Change
	-		🗆 Add
			□Remove
			□Change
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			□Remove
			□Change
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		□Remove	

feetive date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant one: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be current's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.	2_
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