

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : QUARLES & BRADY LLP

Account Number : I20000000067 Phone : (239)434-4922 Fax Number : (239)213-5452

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIZZI HOLDING I LLC

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## COVER LETTER

TO:	Registration Division of C	Section Corporations	<b>2</b>	*	
SUBJE	Rizzi Ho	olding I LLC			
~~~		Name of Li	mited Liability Company		
The end	closed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corres	spondence concerning this matte	r to the following:		
		Pameia Lundborg			
Name of Person					
		Quaries & Brady			
	Quarles & Brady  Firm/Company  1395 Panther Lane Suite 300  Address				
	Quartes & Brady  Firm/Company  1395 Penther Lane-Suite 300  Address  Naples, FL 34109				
			Address		
		Naples, FL 34109			
			City/State and Zip Code	<del></del>	
		pamela.lundborg@quaries.e			
For furth	er information	concerning this matter, please c	to be used for future annual report not	dication)	
	Lundborg	<u>.                                    </u>	239 434-4959 at()		
	Name	of Person	Arca Code Daytim	E Telephone Number	
Enclosed	is a check for	the following amount:			
₫ <b>√</b> \$25.	00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclased)	

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

2394344999

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records )	
•	d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L21000058963		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	bility 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)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	eaddress on our records, enter the name	ne of the new registers
Name of New Registered Agent:		H.
New Registered Office Address:		726 726
	Enter Florida street address	
-	, Florida	Zip.Codc <sup>CO</sup>
ew Registered Agent's Signature, if changing Registered Agent:		To Conte
	ee to act in this capacity. I further ag	5

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>	Name	Address	Type of Action
MMBR	Gabriel Rizzi	936 Barcarmil Way Naples, FL 34110	
			======================================
MGR	Gabriel Rizzi	936 Barcarmil Way Naples, FL 34110	⊞Add
			□Remove
			Change
AMBR	Tercse A. Rizzi	936 Barcarmil Way Naples, FL 34110	DAdd
		<u> </u>	≅Remove
			□ Change
MGR	Tereșe A. Rizzi	936 Barcarmii Way Naples, FL 34110	\( \overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overli
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effection of the Mote: I docume	ve date, if other than the date of filing:  (optional)  cive date is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not self-ective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	May 26, 2022
	May 26, 2022  Maulu C. Lu  Signature of a member or authorized representative of a member
	Pamela C. Lundburg, authorized representative

Filing Fee: \$25.00

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