QUARLES & BRADY Division of Corporations

PAGE 01/05

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : QUARLES & BRADY LLP

Account Number : I20000000007 : (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 II LLC

Certificate of Status	0
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## **COVER LETTER**

		•	* y
	Name of Li	inited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Pamela Lundborg		
	Division of Corporations  Rizzi Holding II LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Parnela Lundborg  Name of Person  Quarles & Brady  Pirm/Company  1395 Panther Lane Suite 300  Address  Naples, FL 34109  City/State and Zip Code  pamela.lundborg@quarles.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:		
		Pirm/Company	S60.00 Filing Fee, Certificate of Status & Certified Copy
	1395 Panther Lane Suite 3	300	
	Napics, FL 34109		
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For further information of			isation
Pamela Lundborg  Name of Person			
		Arca Code Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	530.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rizzi Holding I LLC	:				
(Name of the Limited Liabille (A Fiorida	y Company as it now appear Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{02}{2}$	/02/2021	and a	ssigned	
Florida document number L21000058977	_•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company he	e <u>re</u> :			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the d	esignation "LLC" or the a	bbreviation "	L.L.C."	_
Enter new principal offices address, if applicable:	<u>.</u>				
(Principal office address MUST BE A STREET ADDRI	ESS)				
	<del></del> -				_
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)				·	<del>_</del>
		-			<del></del>
	:			_	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	cords, enter the nan	e of the ne	w regis	tered
-gang with our included the first address here.			:: ::	HA	
Name of New Registered Agent:	•		- F.,	7.2	: الد
·· <del>-</del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<del></del>	
New Registered Office Address:	Enter Flori	da street address		270	
	13/10 7 10/11	on an etc anarcit	351	æ	-
	City	, Florida	Zip Coda	~	
New Registered Agent's Signature, if changing Registered	· ·		Dip Coul	•	
hereby accept the appointment as registered agent an irrovisions of all statutes relative to the proper and conscept the obligations of my position as registered age weing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	nd agree to act in this complete performance of rent as provided for in C	ny duties, and I am j hapter 605. F.S. Or.	familiar wi if this doc	th and ument i	
•	!				
	i i				
	If Changing Registered Ages	nt, Signature of New Res	gistered Agen	1	
	:				

## 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

2394344999

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gabrici Rizzi	936 Barcarmii Way Naples, FL 34110	□Add
			<b>B</b> Remove
			Change
MGR	Gabriel Rizzi	936 Barcarmil Way Naples, FL 34110	₩Add
			□Remove
			Change
MMGR	Terose A. Rizzi	936 Barcarmil Way Naples, FJ, 34110	□Add
			∃Remove
			Change
MGR ———	Terese A. Rizzi	936 Barcarmil Way Naples, FL 34110	<b>=</b> Add
			□Remove
		: :	Change
			□Add
			Remove
			□ Chango
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Effective date,	if other than the date of	f filing:		/ N	
fan affective dete Note: If the dar Joeument's effe	is listed, the date must be speci c inserted in this block does ctive date on the Departmen	ific and cannot be prior to des not meet the applicable nt of State's records.	ate of filing or more than 9 c statutory filing require	(optional) 0 days after filing.) Pursuant to ments, this date will not be	605.0207 (3 listed as th
record specified is filed.	s a delayed effective date, b	ut not an effective time,	at 12:01 a.m. on the ca	flicr of: (b) The 90th day a	ifter the
Pated	uy 26,2022				
	Y Hartel	^ / /			
	(	of a member of authorized	d representative of a memi		

Filing Fee: \$25.00

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