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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

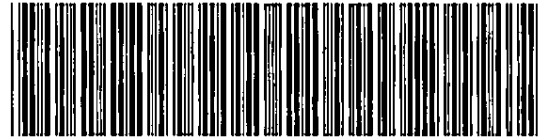
(Business Entity Name)

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2022 MAY 27 PM 6: 21
TALLAHASSEE, FLORIDA

AUG 1 2022
S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rizzi Holding 11
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:

Terese Rizzi
Name of Person

Rizzi Holding 11
Firm/Company

936 Bancarmil Way
Address

Naples FL 34110
City/State and Zip Code

trizzi@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erinaveth Laron Administrator at (239) 265-3391
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

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>	<u>Address</u>	<u>Type of Action</u>
MMGR	Gabriel Rizzi	936 Bancroft Way	<input type="checkbox"/> Add
	No change to Terese Rizzi	Naples FL 34110	<input type="checkbox"/> Remove
	Both partners should be		<input checked="" type="checkbox"/> Change
	MMGR.		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Note: We are only changing Gabriel Rizzi to MMGR.

We would like to leave Terese Rizzi exactly as she is.

Goal: both partners are MMGR

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an 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 to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 13 2021

Elizabeth Lanson APRN
Signature of a member or authorized representative of a member

Elizabeth Lanson APRN
Typed or printed name of signee

FILED
2022 MAY 27 PM 6: 21
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA