K21000087470

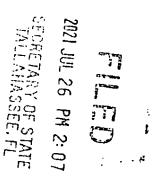
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COVER LETTER

TO:	Registration Sector Division of Corp.		•	
SUBJE	·CT.	Joe Tui	Molo, LL	
SUBJE	.C	Name of Limi	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Josep	h Tumolo Name of Person	
		Joe	Tumolo, LL	<u>-C</u>
		2391 SE	Rainier Rd	
		Port S.	FLULLE, FL City/State and Zip Code	34950 = -
		Joe Jum E-mail address: (0	olo Realtor @ co	MC((SEE, FL)
For fur	ther information cor	acerning this matter, please ca	all:	2: 0
	oseph	Tumolo	at (<u>772</u>) <u>877</u> Area Code Daytime	- 1875 Telephone Number
	Name of t	CISCII	Area code Daytime	retepikine ranner
Enclose	ed is a check for the	following amount:		
\$2:	5.00 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 So Division of Co		Street Address: Registration Sect Division of Corpo	

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 TO ARTICLES OF ORGANIZATION OF

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Joe lumolo	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100087470</u>	were filed on $\frac{2}{22}/21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liabile and contain the words" and contain the words "Limited Liabile and contain the words" and contain the words "Limited Liabile and contain the words" and contain the words "Limited Liabile and contain the words" and contain the words "Limited Liabile and contain the words" and contain the words "Limited Liabile and contain the words" and contain the words "Limited Liabile and contain the words" and contain the words "Limited Liabile and contain the words" and contain the words "Liabile and contain the words" and contain the words "Liabile and contain the words" and contain the words "Liabile and contain the words" and contain the words "Liabile and contain the words" and contain the words "Liabile and contain the words" and contain the words "Liabile and contain the words" and contain the words "Liabile and contain the words" and contain the wo	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3092 SE Farley Road Port St. Lucie, FL 34952
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Port St. Lucie, FERS/1952
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	\sim
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 -	□Add
			□Remove
			□Change
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ctive date, if other th	an the date of fil	ling: and cannot be prior to date	of filing or more than 90	(optional)) L) Pursuant to 605.0
e: If the date inserted in	n this block does no	ot meet the applicable st	atutory filing require	nents, this date	will not be listed
iment's effective date o	n the Department C	or state's records.			
ord specifies a delayed	effective date, but i	not an effective time, at	12:01 a.m. on the ear	lier of: (b) TI	he 90th day after t
filed.					
d July	22	2021			
d <u> </u>		<u> </u>	(
·				<u>~) </u>	
	Signature of	f a member or authorized'r	epresentativé of a memi	oet [*]	

Filing Fee: \$25.00