# L21000089161

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Q. SILAS
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2022 APR -6 AM 10: 47
SECRETARY OF STATE

RECEIVED

## FLORIDA DEPARTMENT OF STATE APR -6 PM 12: 05 Division of Corporations SECREMAN ACCUSED TALLAMASSEE, FL

March 17, 2022

NIVEDITA BUZZETTA 4046 ASPEN CHASE DRIVE NAPLES, FL 34119

SUBJECT: MNL MANAGEMENT LLC

Ref. Number: L21000089161

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Conversion cannot be filed to change the entity from a LLC to a PLLC. If you would like to become a PLLC, please complete the enclosed Amendment form. In section A, list "NIVEDITA SAHDEV BUZZETTA, PLLC". In section D, please provide the purpose. The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00006404

Querida R Silas Regulatory Specialist II

www.sunbiz.org

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### **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations			
	SAHDEV BUZZETTA, PLL	С	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	·		
	NIVEDITA BUZZETTA		
		Name of Person	<del></del>
	NIVEDITA SAHDEV BU	ZZETTA, PLLC	
Firm/Company			
	4046 ASPEN CHASE DR	IVE	
		Address	
	NAPLES, FLORIDA 3411	9	
		City/State and Zip Code	
	NSBUZZETTA@GMAIL.C		
	E-mail address: (	to be used for future annual report n	otification)
For further information con	ncerning this matter, please ea	all:	
NIVEDITA BUZZETTA		908 247-7747 at ( )	
Name of	Person	Area Code Days	ime Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
2 323.00 Timing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se		Registration S	
Division of Co P.O. Box 6327		Division of C The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF FILED

MNL MANAGEMENT LLC

2022 APR -6 AM 10: 47

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears	on our records.)	<u> </u>
(A Horida Ellinted	Chaotity Company) 3	TALLAHASSEE, FL	-
The Articles of Organization for this Limited Liability Company	were filed on FEB	RUARY 23, 2021	and assigned
Florida document number L21000089161			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
NIVEDITA SAHDEV BUZZETTA, PLLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		.,	
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			<u></u>
Mailing address MAY BE A POST OFFICE BOX)		··-·	- 40
3. If amending the registered agent and/or registered office :	address on our rec	ords, <u>enter the</u> name of	the new regis
gent and/or the new registered office address here:			
Name of New Registered Agent:			
V 5 1000 111		-	<del>-</del> ·
New Registered Office Address:	Enter Florid	a street address	
	Line, 1 to at	i sireet aaaress	
		, Florida	
	City	,	Zip Code
ew 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDREW BUZZETTA	4046 ASPEN CHASE DRIVE	□Add
		NAPLES, FLORIDA 34119	■Remove
			□Change
			□Add
			Remove
		<del> </del>	□Change
			□Add
			□Remove
			□Change
<del>.</del>		<del></del>	
			□Remove
			□ Change
			□Add
			□Remove
			Change
		<del>.</del>	□Add
			□Remove
			□ Change

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ADDITIONAL PROVISIO	ONS:	_
PROFESSIONAL LICENS	SED REAL ESTATE SALES ASSOCIATE	_
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<u>te:</u> If the date inserted in this b	he date of filing: 2/23/2021 (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 block does not meet the applicable statutory filing requirements, this date will not be list Department of State's records.	05.02 sted
ecord specifies a delayed effecti is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	ier th
APRIL I	2022	
	17/1	
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