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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CT: Maieli Fine	Venetian Plaster, LLC	•	<i>'</i>
0000	<u></u>	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Gaspare Massimo Maieli	Name of Person	
		Maieli Fine Venetian Plast		
			Firm/Company	
		4140 Sarasota Parkway, U	nit 1216 Address	
		Sarasota, FL 34238	City/State and Zip Code	
		massimomaieli@comcast.n E-mail address: (Mification)
For fur	her information co	oncerning this matter, please co		
Heidi I	3. Reslow Name of	*Person	at (978) 866-8801 Area Code Davti	me Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	ection orporations Tallahassee oe Street, Suite 810 \(\frac{2}{2} \)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maieli Fine Venetian Plaster, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000094201		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	<u>e of the new registered</u>
Name of New Registered Agent:		······································
New Registered Office Address:	Enter Florida street address Florida	700 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	D
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agi	reeto 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, 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
MGR	Gaspare Massimo Maieli	4140 Central Sarasota Parkway, Unit 1216	≅ Add
		Sarasota, FL 34238	Remove
			□Change
MGR	Heidi B Reslow	610 Pinebrook Crescent	🗀 Add
		Venice, FL 34285	Remove
			□Change
			CI Add
			CIRemove
			□Change
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ctive date, if other than the date offective date is listed, the date must be spe	of filing:	(ор	otional)
effective date is listed, the date must be spe	cific and cannot be prior to date	of filing or more than 90 days af	ter filing.) Pursuant to 60
If the date inserted in this block do iment's effective date on the Departm		tatutory tiling requirements, t	nis date will not be in
	Time of the original transfer original transfer of the original transfer of the original transfe		
			(b) The 90th day aft
ord specifies a delayed effective date,	but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day aff
filed.			i.Pa
			28
d April 27	, 2021		**7
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Object. B	. 126 /á.)	= 1
Signatu	are of a member or authorized	representative of a member	2
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MAIELI FINE VENETIAN PLASTER GASPARE M MAIELI SOLE MBR

4140 CENTRAL SARASOTA PKWY SARASOTA, FL 34238

Date of this notice: 03-08-2021

Employer Identification Number:

86-2458828

Form: SS-4

Number of this notice: CP 575 G

Por assistance you may call us at:

1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-2458828. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TOD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this ZIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MAIE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

