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A. BUTLER DEC 2 1 2021

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
ALESSIA	. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Peter M. Capua		
		Name of Person	
	ALESSIA, LLC		
		Firm/Company	
	1628 N.E. 16th Terrace		
		Address	
	Fort Lauderdale, Florida 3.	3305	
	carbon374@gmail.com	City/State and Zip Code to be used for future annual report notif	(ication)
For further information	concerning this matter, please ca		
Peter M. Capua		305 417-0099	
Name	of Person	at () Area Code Daytime	e 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 Addre Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Corp	porations
P.O. Box 63	21	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALESSIA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 20; 2021 ... This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/a Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: n/a Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

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 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
AMBR	Alessandro Capua	1628 N.E. 16th Terrace, Ft. Lauderdale, Florida 3330	05 ≣Add
			□Remove
			🗆 Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

Alessandro Capua, 1628 N.I.	E. 16th Terrace, Fort Lauderdale, Florida 33305
Effective immediately, Peter	r M. Capua, will no longer be a member of ALESSIA, LLC
	
	
Effective date, if other than the [If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 block does not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed effection of is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated December 9.	2021

Typed or printed name of signee