

01/08/2023, 16:26

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000217115

((H23000267474 3)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000267474 3)))



H230002674743ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC.
 Account Number : I20200000118
 Phone : (305)260-6968
 Fax Number : (786)513-7810

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 VCAVAZZINI SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2023 AUG -1 PM 3:41

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 AUG -1 PM 3:31

Electronic Filing Menu

Corporate Filing Menu

Help

AUG -2 2023

T. LEMIEUX
 ((H23000267474 3)))

(((H23000267474 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCAVAZZINI SERVICES 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 5/10/2021 and assigned
Florida document number L21000217115

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

3220 DELRAY BAY DR, APT 813

DELRAY BEACH, FL 33484

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3220 DELRAY BAY DR, APT 813

DELRAY BEACH FL, FL 33484

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

(((H23000267474 3)))

((H23000267474 3)))

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>
MGR	PASCALE CAVAZZINI, VINICIUS	3220 DELRAY BAY DR, APT 813, DELRAY BEACH, FL 33484	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H23000267474 3)))

{{(H23000257474 3)))

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

(b) The 90th day after the record is filed.

Dated JULY 31, 2023

Vincent P. Caravaggio
Signature of a member or authorized representative of a member

VINICIUS PASCALE CAVAZZINI

Typed or printed name of signee

((H23000267474 3)))