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COVER LETTER

TO: Registration Se Division of Cor		·	
	itio Au	tolle.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Juliano	Bargon Zo Name of Posson	1?
		Firm/Company	
	3540 Kir	aley brooke Jadress want, Pl 3	12
		Address	. 61
	Clern	ont, fl 30	[7-l]
		City/State and 2ip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
		at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address;	
Registration Division of O		Registration Se Division of Cor	
P.O. Box 633	-	The Centre of 7	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number \(\bigcup_1 \)	ability Company were filed on 5 10 21 and assigned 2179,58
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, enter the name of the new registered
Name of New Registered Agent:	Juliana Bergonzoli
New Registered Office Address:	3540 Kinley brown & In
	JULIANA Bergonzol: 3540 Kinley brown & In in Enter Florida street address Clermont Florida 34711 No City Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:
provisions of all statutes relative to the propaction as regions of my position as regions.	ed agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address. Thereby confirm that the limited liability 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 Type of Action Address **Title Name** MGR JUliANA Bargonevi 3540 Kinley browke Read Clement (P, 34711 | Remove Myr Sabastian 3451 Broy Cir DAdd

Bargonard: Winter Canden, fl. 347816 Romove _____ Change \square Add _____ □Change ___ □Remove _____ □Change □Remove

Page 2 of 3

Effective date, if other than the date of filing:	
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	
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The 90th day after the record is filed.	g.) Pursuant to 605.020
Dated Saptamber 20 2021	. on the earlier o
Signature of a prember of authorized representative of a member	

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Filing Fee: \$25.00