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COVER LETTER

	gistration Sec ision of Corp			
Culto treeze		-PIETRI ENTERPRISES LLO	C	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		SIMON NAON		
			Name of Person	
		NAON AND CO LLC		
			Firm/Company	
		2450 HOLLYWOOD BLV	/D STE 503	
			Address	
		HOLLYWOOD FL 33020		
			City/State and Zip Code	
		SIMON@NAONANDCO.0		
		E-mail address: (to be used for future annual rep	ort notification)
For further in	nformation co	ncerning this matter, please ca	all:	
SIMON NA	ON		347 89860 at ()	79
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORGIONE-PIETRI ENTERPRISES 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 05/11/2021 and as Florida document number L21000218380 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 "LEnter 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 address on our records, enter the name of the neagent and/or the new registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida	secionad	refer of organization for this Entitled English Company were freed on
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 "I 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 address on our records, enter the name of the neagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	.ssigned	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I 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 address on our records, enter the name of the neagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Lity Zip Code New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to com		
Enter new principal office 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 address on our records, enter the name of the neagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter 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 com		mending name, enter the new name of the limited liability company here:
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B. If amending the registered agent and/or registered office address on our records, enter the name of the ne agent and/or the new registered office address here: Name of New Registered Agent:		a address MAV DE A BOST OFFICE BOV
Enter Florida street address Florida City 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 compare t		nd/or the new registered office address here:
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New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compare to compar		
C. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi	-	City Zip Co
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doci being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabil company has been notified in writing of this change.	ith and cument is	

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	VALERIO A PIETRI	SAME ADDRESS	
		NO "SR" IN NAME	
		MANAGING MEMBER	_
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		
		•	□Remove
			
			□Remove
			□ Change
			□Add
			□Remove
			Change

(If an et Note:	tive date, if other than the date of filing: (optional) flective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
guegi.	
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
he reco	07/01/2021
he reco ord is t	filed. 1 07/01/2021
the reco cord is f	07/01/2021

Filing Fee: \$25.00