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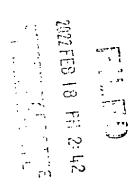
(Requestor's Name)
(Address)
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Name Change

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
rectangle I	LC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mitch Mancuso		
		Name of Person	-
		Firm/Company	_
	207 NW 29th Terr		
	<u></u>	Address	_
	Cape Coral, FL 33993		
		City/State and Zip Code	
	mitch@realtyinswfl.com		~ 3
Ene firsthes information		to be used for future annual report notification)	2022 713
ror further information	concerning this matter, please c	aii:	
Mitch Mancuso		239 994-9882 at ()	- 1
Name	of Person	Area Code Daytime Telephone Numbe	F1 2: 42
Enclosed is a check for t	the following amount:		. [1]
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Mailing Addre		Street Address:	
Registration		Registration Section	
Division of O P.O. Box 633		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rectangle LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(7	ri i londa cinnica ciaonity c	ompany)	٠. نوبي
The Articles of Organization for this Limited Lia	bility Company were file	ed on June 09, 2021	and assigned 5
Florida document number L21000267997			4 10
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
Mitchell Lars Mancuso LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liability Compa	my," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			A
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.		Enter Florida street addres.	5
		. Flo	orida
	Ciţı	,,	orida Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		
I hereby accept the appointment as registered			
provisions of all statutes relative to the proper accept the obligations of my position as regist			
being filed to merely reflect a change in the re	egistered office address		
company has been notified in writing of this c	hange.		

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
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			Change

					
					
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ock does not meet the	applicable statuto	ng or more than 90 days ry filing requirements	optional) after filing.) Pursuant to , this date will not be	605.0207 listed as
record specifies a delayed effective	e date, but not an effec	ctive time, at 12:0	l a.m. on the earlier o	f: (b) The 90th day	after the
February 15	2022				
Mita	h 110-	eus			_
	Signature d'a member c	or authorized repres	entative of a member		
Mitch Mancuso	Signature de a member o	or authorizad repres	entative of a member		