

6/30/2021

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L210002548513

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To:

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

From:

Account Name : CONTADORMIAMI.COM INC  
 Account Number : I2020000130  
 Phone : (954)345-7888  
 Fax Number : (786)713-1940

\*\*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  
 FEDIGNA LLC**

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Corporate Filing Menu

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7/1/21

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEDIGNA 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 06/15/2021 and assigned  
Florida document number 121000277783.

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:

5537 SHELDON ROAD SUITE E

(Principal office address **MUST BE A STREET ADDRESS**)

TAMPA, FL 33615

Enter new mailing address, if applicable:

5537 SHELDON ROAD SUITE E

(Mailing address **MAY BE A POST OFFICE BOX**)

TAMPA, FL 33615

## 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:

VALLINA AND DAUGHTERS LLC

New Registered Office Address:

5537 SHELDON ROAD SUITE E

Enter Florida street address

TAMPA

Florida

33615

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 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.

DocuSigned by:

MARIA VALERIA VALLINA

D20601A3C25C413

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 50BD614A-775F-4038-95FA-69AA04E00BDA  
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	MARIA V VALLINA	5537 SHELDON ROAD SUITE E	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	LEONARDO B CAFFARELLI	5537 SHELDON ROAD SUITE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	MARIA J TASSI	5537 SHELDON ROAD SUITE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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