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.

(((H21000338785 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: RC TAX SERVICE LLC Account Name

Account Number : 120140000053

: (407)932-0040

Fax Number

: (407)520-5473

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

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSELLA IONICA LLC

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Corporate Filing Menu

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COVER LETTER

Registration Section

Division of Corporations

TO:

=	IONICA LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SEBASTIAN E. LOHFEL	DT	
		Name of Person	
	ROSELLA IONICA LLC		. <u></u>
		Firm/Company	
	2809 MOONSTONE BEN	D	
		Address	
	KISSIMMEE, FL 34758		
	carlos @fle	City/State and Zip Code The company realty with the company to be used for future annual report not	
			incation)
For further information	concerning this matter, please c	al1:	
SEBASTIAN E. LOHF	ELDT	321 4434772 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 127	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSELLA IONICA LLC	pt.
(Name of the Limited Liability Company 25 it now appear (A Florida Limited Liability Company)	rs on our records.)
(A Fiolida Elimbed Elability Compady)	<u></u> .
he Articles of Organization for this Limited Liability Company were filed on $\frac{07}{2}$	7/15/2021 and assigned
orida document number L21000323567	
orida document number	· ,
nis amendment is submitted to amend the following:	;; -
. If amending name, enter the new name of the limited liability company h	ere:
OCCELLA IONICA LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our i	records, enter the name of the new rea
ent and/or the new registered office address here:	records, enter the name of the pro-
cetti andioi tile new registered office address nor s.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
Enter Flo	
Enter Flo	orida street address Florida Zio 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

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 Membe	AMBR =	Authorized	Member
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Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	□ Change
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		<u></u>	□Remove
			Change
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fective date, if other than the c	late of filing:	(optional)
an effective date is listed, the date must	be specific and cannot be prior to date of ck does not meet the applicable stan	f filing or more than 90 days after filing	g.) Pursuant to 605.0201
ocument's effective date on the De	partment of State's records.	atory timing rodginosistemos, and and	, w.m. 1101 50 50100 50
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) To	he 90th day after the
	7021		•
SEPTEMBER 13	2021		•
SEPTEMBER 13			·
	Signature of a member of authorized rep	resentative of a member	

Filing Fee: \$25.00