121000333258

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Laglio Inve	stments, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Laurah Boswell		
		Name of Person	
	Broad Financial LLC		
		Firm/Company	
	l Paragon Drive, Suite 270)	
		Address	
	Montvale, NJ 07645		
		City/State and Zip Code	
	orders@broadfinancial.com		
For further information c	E-mail address: (oncerning this matter, please o	to be used for future annual report no all:	tification)
Laurah Boswell		845 352-3000	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	orporations
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	rl 32314	2415 N. WIOIII	oc succi, suite oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laglio Investments, LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now annears on our reco Liability Company)	ords.
he Articles of Organization for this Limited Liability Company orida document number L21000333258	were filed on 7/22/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	.LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
nter new mailing address, if applicable:	P.O. Box 2136	
Aailing address MAY BE A POST OFFICE BOX	Naples, FL 34106-2136	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		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 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. ()r, 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 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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			
			☐Remove

	gany other information, enter change(s) here: (Anach additional sheets, if necessary.)
 	
	
	
	<u> </u>
ffective da an effective	ate, if other than the date of filing:
iote: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records
ocument 3	crecive date on the Expandient of State's records
record spec	cities a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of (b). The 90th day after the
d is filed.	and the sound of t
fule 1	29 202 }
Dated July 1	
	* HacketT
_	Signature of a member or authorized representative of a member
k	Kenneth G. Hackett
_	Typed or printed name of signee

Filing Fee: \$25.00