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SECRETARY OF STATE
TALLAHASSEE, FATE

012021

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Tronis LLC		nited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	_			
	Bradford Geisen				
		Name of Person			
	Bradford Geisen				
		Firm/Company	<i>ာ</i>	202	
	1095 Broken Sound Pkwy	NW #100 Boca Raton, FL 33487	ALLA	2021 SEP	
		Address	HAN	8	Carre
	Boca Raton, FL 33487		ARY OF	7	
	1500a (Maton, 1 12 55 10 1	City/State and Zip Code	—— بالم	ယ	محدو
	Pclark@activedg.com E-mail address: (to be used for future annual report noti	,	00	
For further information c	oncerning this matter, please c	all:			
Phillip Clark		at (561) 789-8038			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on July 23, 2021	and assigned
Florida document number <u>L21000336017</u>	- ∙	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Ciao Bella Pizza Italian Eatery LLC		
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		821 SA TO
Principal office address MUST BE A STREET ADDR		
		577 & F
	į	SCH R
Enter new mailing address, if applicable:		To w
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)	-	
3. If amending the registered agent and/or registered	office address on our records, enter the	anna af tha naus ragio
s. If amending the registered agent and/or registered office address here:	office address on our records, enter the i	ame of the new regis
		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	tmer rioriaa sireet aaaress	
	. Florida	
 -	City	Zip Code

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			SECRETALLAHAS
			SECRETARY OF STATE TALLAHASSHE, FL
			Change
		-	□Remove
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			□Remove
			∏ Changa

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