## L21000367266

(Red	questor's Name)	
(Ado	iress)	
(Add	iress)	<del></del> :
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400404403524

2023 MAR 13 AM 9: 40
STAT

3 1

## **COVER LETTER**

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation)			
SUBJECT: #	FIOREBOUT C Name of Limit	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Anacec	CIA AIVARE Name of Person	<del>-</del>
		Firm/Company	, 53
	2421 mar	ey court	923 HAR 1 3
	orlando	F1. 32837 City/State and Zip Code	
	Shop@Fiore E-mail address: (to	be used for future annual report notifie	cation)
For further information cor	neerning this matter, please cal	II:	
Anaceci I		at ( <u>305</u> ) <u>528</u> Area Code Daytime	-8535 Telephone Number
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

Tallahassee, FL 32314

2415 N. Monroe Street, State 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florebou-	tique LIC		
(Name of the Limited Liability	Company as it now appears on our reclamited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Co Florida document number	mpany were tiled on <u>09/16</u>	$\sqrt{2021}$ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		ω !	
<u> </u>		9 B T	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u> t	ter the name of the now registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, 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. 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 Ag	ent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Riccardo Robotti	2199 conway Kd.	XAdd
		Apt 1402 orlando Fl	
		32812	□Change
			□ Add
			∐Remove
			— □ Gillinge — □ Addi — □ Addi
		<u> </u>	
			Remove (1)
			rid □ <b>€R</b> ange
			□Add
			TRemove
			ElChange
			□Add
			URemove
			DChange
			□Add
			□Remove
			' IChange