L21000377812

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Registration Section
Division of Corporations

ro:

BIZ FACTO			
	Name of Limi	ted Liability Company	
The analogud Articles of A	Amendment and fee(s) are sub-	nitted for filing	
Please return all correspor	idence concerning this matter t	to the following:	
	FAUSTO FALCONI ORO	ZCO	
	 -	Name of Person	
	BIZ FACTORY LLC		
		Firm/Company	
	5517 BANNING ST		
		Address	
	LEHIGH ACRES FL 3397	1	
	<u> </u>	City/State and Zip Code	
	diegofalconi84@gmail.com		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information ec	oncerning this matter, please co	all:	
FAUSTO FALCONI OR	ozco	239 703-9235 at ()	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 Address Registration S Division of C P.O. Box 632 Tallahassec, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIZ FACTORY LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our record Liability Company)	<u>(1s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000377812</u>	were filed on 08/23/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	276 TEMPLE HILL RD UNIT	Г 813
(Principal office address MUST BE A STREET ADDRESS)	NEW WINDSOR NY 12553	~)
Timesput Office unit et a. 12051 2271 2571 2571		923
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BOX)		יים פרי יינ
(Maining dualess MAT BE AT OST OFFICE BOSS)		ည်
		- CO
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida street addre	2.5.5
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

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
AMBR	TABATHA FALCONI TORRES	276 TEMPLE HILL RD UNIT 813	= Add
		NEW WINDSOR , NY 12553	Remove
			□Change
			□Add
			[]Remove
			Change
			□Add
			□Remove
			□Add
			Remove
		-	□Change
			⊡ Add
			□Remove
			Change
			□Add
			Remove

ii amendin	ig any other information, enter change(s) here: (Attach additional sheets, if necessary,)
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If an effective Note: If the	late, if other than the date of filing:
e record spe rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/18 1.2023
	AN MUSIU X
_	Signature of a member or authorized representative of a member
	DIEGO FATONI OROZCO
_	DIEGO FALCONI OROCCO Typed or printed name of signee