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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
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WELLS IN BY 05 STATE

R. HUNT
(02/14/23

COVER LETTER

Division of Corp	orations		
SUBJECT: TMP_10	w office of Lim	Launta & Len	tini_
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Estefania	Launta Name of Person	<u></u>
	The Law of	Fice of Laurit	a & lentini
	P.O. Box	1743 Address	
	Gadenro	OLFL 3013=	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	info@la	untalential a	ication)
For further information co	ncerning this matter, please ca	all:	OF STATE
Esterana Name of	Launta Person	at (<u>U07</u>) <u>Q19</u> . Area Code Daytime	- 0615 R
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	<u>i</u>	Street Address:	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The law office of Launta & Lentini

(A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 8 85 300 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1100 W. Piviera blud Oviedo, FL 32765
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	733 233 257 257 257 257 257 257 257 257 257 257
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: OUIC	City 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 Member **Type of Action** Title Name **Address** 4225 Fox st. Apt 301 DAdd Daniele S. onando, FL 32814 Change □ Change Add Add Change _____ 🗆 Add _____ □Remove _____ □ Add _____ Change Remove □ Remove

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or region. E: If the date inserted in this block does not meet the applicable statutory filing the date on the Department of State's records.	203 (option nore than 90 days after fing requirements, this of	1 al) lling.) Purs date will 1	uant to 605.0 not be liste
ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. filed.	on the earlier of: (b)	The 90tl	h day after
ed February 7. 2003. Signature of magneer or authorized representative	SULTA c of a member		

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