

L21000494980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

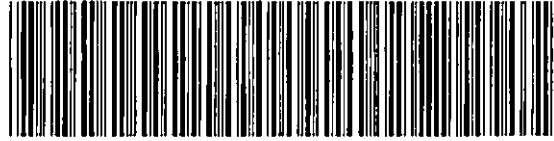
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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CLERK OF STATE
TALLAHASSEE, FL

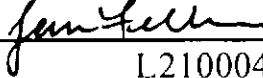
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ALLAHADISI

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

__ Please use funds from this account: I20210000160 \$ **25.00**

Authorization Signature: 
SAMPIETRO LLC L21000494980
Business Name Document Number

__ **Certified Copy**

__ **Certificate of Status**

NEW FILINGS

__ Profit Corp
__ Not for Profit
__ Officer/Director
__ Limited Liability
__ Domestication
__ Other
__ **CORP**
__ **LLLP**

AMENDMENTS

x Amendment
__ Resignation of R.A.

__ Change of Registered Agent
__ Revocation of Dissolution
__ Merger
__ **Conversion**
__ **Amended and restated Articles**
__ **Statement of Authority**

OTHER FILINGS

__ Annual Report
__ Fictitious Name
__ APOSTILLE

REGISTRATION/QUALIFICATIONS

__ Foreign filing
__ Limited Partnership
__ Reinstatement

__ Other
Country

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMPIETRO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN E DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE STE 1130

Address

MIAMI, FL, 33131

City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN E DELLOCA

Name of Person

305 6073493
at () _____

Area Code

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

Street Address:

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**

SAMPIETRO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/17/2021 and assigned
Florida document number 1.21000494980.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

848 BRICKELL AVE. STE 1130

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33131

Enter new mailing address, if applicable:

848 BRICKELL AVE. STE 1130

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BLUEMAX PARTNERS CORP

New Registered Office Address:

848 BRICKELL AVE, STE 1130

Enter Florida street address

MIAMI, FL

City

, Florida 33131

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	SAMPIETRO, CIRO	1100 BRICKELL BAY DRIVE, APT 82M	<input type="checkbox"/> Add
		MIAMI, FL 33131 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIA BIZ GROUP LLC	848 BRICKELL AVE, STE 1130	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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CLERK OF STATE
TALLAHASSEE, FL
MAIL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL, 1912

medal

MARTIN E. DELLOCA

Typed or printed name of signee

Filing Fee: \$25.00