## L21000502248

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration So Division of Cor					
Alessio De	velopment FL LLC				
SUBJECT:	Name of Lim	ited Liability Company	· -		
	Amendment and fee(s) are sub	-			
r lease return an correspo	ondence concerning this matter	to the following:			
	Michael Alessio				
		Name of Person			
	Alessio Development FL.	LLC			
		Firm Company			
	377 E Butterfield Rd Ste 2	70			
		Address			
	Lombard, IL 60148				
	vera@alessiocompanies.com	City/State and Zip Code			
	= -	to be used for future annual repo	rt notification)		
For further information of	concerning this matter, please c	all:			
Michael Alessio		815 815-72	5-5513		
Name c	of Person		aytime Telephone Number	2024 DE   \$5 + \$5 	
Enclosed is a check for the	he following amount:				- 1
☐ \$25.00 Filing Fcc	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60 00 Filing F Certificate of S Certified Copy tadditional copy is	Status W.	m
<u>Mailing Addres</u> Registration 1 Division of C	Section	Street Addre Registratio Division of			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alessio Development FL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/23/2021 and assigned Florida document number L21000502248 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 "LI.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

## 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.

City

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
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		Fort Myers, FL 33913	□Remove
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Effective date, if	other than the date	of filing:			(optic	onal)		်
If an effective date is <b>Note:</b> If the date i	other than the date listed, the date must be sp inserted in this block d	ecific and cannot oes not meet the	be prior to date of e applicable stat	f filing or more th	nan 90 days after	filing.) Pursuar	n to 605.02	207 (
document's effect	ive date on the Departr	nent of State's	records.	atory timing rec	direments, trus			二 耳2 (
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e record specifies and is filed.	a delayed effective date	, but not an effe	ective time, at 1	2:01 a.m. on th	e earlier of: (b	) The 90th d	lay after th	he
id is filed.			_					
	12/18	_	2024					
David		,	2024					
Dated	10-110							
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Dated	<i>l</i>		or authorized rep	presentative of a	member		<del></del>	

Filing Fee: \$25.00

da Dept of State stration Section of Corporation PO Box 6327

hassee, FL 32314

Check: 1124

Date: 12/18/2024

Vendor: 0

·			Prior			
<u>ice</u>	P.O. Num.	Invoice Amt	<u>Balance</u>	<u>Retention</u>	Discount	<u>Amt. Paid</u>
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Amend Artic	cles of Org					
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AUTHORIZED SIGNATURE

ALESSIO DEVELOPMENT FL LLC

377 E. BUTTERFIELD RD STE 270 LOMBARD, IL 60148

SANIBEL CAPTIVA COMMUNITY BANK

63-1528/670

DATE

**AMOUNT** 

1124

a

12/18/2024

\*\*\*\*\*\*\*\*55.00

THE SUM OF FIFTY FIVE DOLLARS AND NO CENTS \*\*\*\*\*\*\*\*\*\*

Florida Dept of State Registration Section

Div of Corporation PO Box 6327

Tallahassee, FL 32314

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of Corporation PO Box 6327

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nd 12.18.24

Prior **Invoice Amt** <u>Balance</u>

55.00

55.00

55.00

Retention 0.00

**Discount** 0.00

Check: 1124

Vendor: 0

Date: 12/18/2024

Amt. Paid 55.00

Amend Articles of Org

55.00

0.00

0.00

55.00

P.O. Num.

<u>ice</u>