

L21 000 526 772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

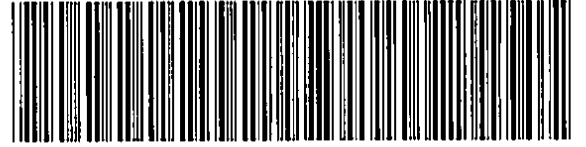
(Business Entity Name)

(Document Number)

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05/05/23--01002--024 **25.00

2023 MAY -5 PM 3:10
STATE OF TEXAS
CLERK OF COURTS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIORELLA REAL ESTATE 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:

LORIDANA GALLIONE

Name of Person

Firm/Company

11030 NW 28TH STREET

Address

CORAL SPRINGS, FLORIDA 33065

City/State and Zip Code

LORI@GALLIONE.COM

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

For further information concerning this matter, please call:

LORIDANA GALLIONE

954 461-7149
at ()

Name of Person

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

2009 MAR -5 PM 3:10

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FIORELLA REAL ESTATE 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 12/14/2021 and assigned Florida document number L21000526772.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Please Note: You have zipcode entered wrong in online filing

7420 NW 18TH STREET

#106

MARGATE, FLORIDA 33063

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:

11030 NW 28TH STREET

Enter Florida street address

CORAL SPRINGS

Florida 33065

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 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>
AMBR	ELIANA CONTE	29 PORTSIDE DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUCY ITALIANO	33 BIRCHWOOD DRIVE	<input checked="" type="checkbox"/> Add
		NORTH ARLINGTON, NJ 07031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LORIDANA GALLIONE	11030 NW 28TH STREET	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALL 3 AUTHORIZED MEMBERS SHOULD
BE LISTED AS AUTHORIZED MEMBERS
INSTEAD OF MANAGERS. EACH AUTHORIZED
MEMBER IS AN EQUAL 1/3RD OWNER
MEMBER.

AMBR ELIANA CONTE

AMBR LUCY ITALIANO

AMBR LORIDANA GALLIONE

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 11, 2023

Loridana Gallione

Signature of a member or authorized representative of a member

LORIDANA GALLIONE, AUTHORIZED MEMBER

Typed or printed name of signee