L22000015586

		_
(Re	questor's Name)	
(Ad	dress)	
,	,	
		<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
_		<u> </u>
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	Or Status
Special Instructions to	Filing Officer:	

Office Use Only



800416423098

09/29/23--01021--023 +*25.00

COVER LETTER

TO:	Registration Section Division of Corpo		. •	• .	•		Light Control
en a como d d n	MOZZAFIAT	OLLC					À.
SUBJE	;CT:		Name of Limi	ted Liability Company			
	closed Articles of Ar						
		JHOENNY	' TAMBASCO				
				Name of Person			
		MOZZAFI	ATO LLC				
				Firm/Company			
		3752 NW	91 ST LANE				
			<u> </u>	Address	 		
		SUNRISE	FL 33351				
				City/State and Zip Code	!		
		LLCMOZZ	AFIATO@GM	AIL.COM to be used for future annua	report notificat	tion	
Ear for	ther information cor	seeming this			report notifical		
		icerning and	maner, process of		184815		
THOE	NNY TAMBASCO Name of E	Person		at ()		elephone Number	
Enclos	ed is a check for the	following ar	mount:				
	5.00 Filing Fee	□ \$30.00 F	Filing Fee & cate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		Certified C	of Status &
	Mailing Address:				Address:	on.	

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

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company lorida document number L22000015586	were filed on 01/06/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ollity company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)	8903 GLADES RD STE SUITE A14
	BOCA RATON FL 33434
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	8903 GLADES RD STE A14
	BOCA FL 33434
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, If changing Registered Agent:

MOZZAFIATO LLC

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>	Name	Address	Type of Action
MGR	MANUEL YTRIAGO	8903 GLADES RD STE A14	⊟ ∆dd
		BOCA RATON FL 33434	□Remove
			Change
			□Remove
		Change	
		П Remove	
	· · · · · · · · · · · · · · · · · · ·		
		Петюче	
		DAdd	
		□Remove	
			Change
			Remove
			Chorae

_	
-	
-	
_	
_	
_	
_	
_	
-	
_	
_	
-	
-	
_	
(If an eff	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	Jhoenny Tombes Co. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	JHOENNY TAMBASCO *
	Typed or printed name of signee

Filing Fee: \$25.00