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SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR 21 AM 10:56

FILED

A. BUTLER

APR 04 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DALTRO & MERCATELLI 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:

ROSI LUCE ALVES

Name of Person

TRUST SOLUTION TAX & COOKKEEPING LLC

Firm/Company

5950 LAKEHURST DR SUITE 222

Address

ORLANDO - FL - 32819

City/State and Zip Code

ROSI@TRUST.SOLUTION.TAX.COM

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

For further information concerning this matter, please call:

ROSI ALVES

407 705-9147

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

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

FILED

DALTRO & MERCATELLI LLC

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

2022 MAR 21 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/11/2022 and assigned
Florida document number L22000020544.

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:

7600 MAJORCA PL APT 3062

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32819

Enter new mailing address, if applicable:

5950 LAKEHURST DR SUITE 222

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32819

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:

TRUST SOLUTION TAX & BOOKKEEPING LLC

New Registered Office Address:

5950 LAKEHURST DR SUITE 222

Enter Florida street address

ORLANDO

City

Florida

32819

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

[illegible]

[illegible]

(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)

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.

ARCH 16 _____, 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee