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COVER LETTER

Patrizia Trotta

4451 Atwood Drive

Orlando, FL 32828

Patrizia.trotta2@gmail.com

To: Florida Department of State

RE: Correction to Existing LLC L22000031712

Please find my correction application enclosed with a personal check to correct my LLC name filing. Please let me know if there are any questions.

Daytime phone number: 908-329-0392

Email: patrizia.trotta2@gmail.com

Document Number: L22000031712

Thank you.

Best regards,

Patrizia Trotta

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PATRIZIA TROTTA REALTOR 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:
PATRIZIA TROTTA Name of Person
Firm/Company
4451 ATWOOD DRIVE
ORLANDO FL 32828 City/State and Zip Code
Patrizia. trotta2 @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PATRIZIA TROTTA at (908) 329-0392 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

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

2022 MAY 27 PM 6

(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 JANUARY 18, 2022 Florida document number 122000031712 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 "LLC." 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 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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an effective date is listed,	the date must be speci:	fic and cannot be pri	or to date of filing or	more than 90 days afte	r filing.) Pursuant to 6	05.020
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record specifies a delay	ed effective date, bu	ut not an effective	time, at 12:01 a.m	on the earlier of: (b	b) The 90th day af	ter the
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Filing Fee: \$25.00