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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor				
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SUBJE	.CI:	Name of Lim	ited Liability Company		
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		Amendment and fee(s) are sub	·		
Please r	return ali correspo	ondence concerning this matter	to the following:		
		ALEJANDRA SERRANO	,		
			Name of Person		
		DI LAZZARO LLC			
			Firm/Company		
		18117 BISCAYNE BLVD	3112		
			Address		
		AVENTURA, FL 33160			
			City/State and Zip Code	-	
		USTUEMPRESA@GMAH	COM to be used for future annual re	aport notification)	
For furt	ther information c	oncerning this matter, please of		tport normality	
		- -		4273	
ALEIANDRA SERRANO			at ()	-0372	
	Name o	f Person	Area Code	Daytime Teleph	ione Number
Enclose	ed is a check for th	ne following amount:			
≡ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Ad		
	Registration 9 Division of C		_	tion Section Forporation	ons
	DIVISION OF C			tre of Tallaha	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DELAZZARO LLC

2022 FEB 22 AM 9: 06

(Name of the Limited Liability Company as it now appears on our records (E. 12.3.) Or STATE (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{01/29/2022}{1}$ and assigned Florida document number 1.22000051320 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA 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) NA 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 registere agent and/or the new registered office address here: NA Name of New Registered Agent: NA New Registered Office Address: Enter Florida street address _____, Florida NA Zip Code NA

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 th 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
AMBR	ANTONIO DI LAZZARO	18117 BISCAYNE BLVD, 3112	
		AVENTURA, FL 33160	□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
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Filing Fee: \$25.00