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COVER LETTER

TO: Registration So Division of Cor			
	EDMONT PROPILIC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARIEL GIGLIO		
		Name of Person	
	DELUXE REALTY LLC		
	4-1 -	Firm/Company	
	5485 WILES RD STE 403	ţ	÷1.
		Address	 ,
	COCONUT CREEK FL 3	3073	- 1
	City/State and Zip Code		
	ariel.giglio@deluxerealty.u		
Var further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication) rt 🖳
	concerning this matter, piease c	954 323-4445	
ARIEL GIGLIO		at (
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	porations
P.O. Box 631		The Centre of T	
Tallahassee,	EL 32314	Z+15 IN. MOIITO	e Street, Suite 810

Tallahassee, FL 32303

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

VIRLE PIEDMONT PROPILIC

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) ipany)
The Articles of Organization for this Limited Liability Company were filed lorida document number 1.22000056298	on 02/02/2022 and assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability comp	any here:
he 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)	<u> </u>
	T = 1
maning unitess mat be a rost of rice box	
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 agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	tter Florida street address
	Florida
	Zip Code

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>	Address	Type of Action
MGR	Lostblade Capital Group LLC	5485 Wiles Rd Ste 403	
		Coconut Creek FL 33073	Remove
			□Remove
			Change
			Add
			☐ Remove
			□ Change □ Change □ Change □ Change □ Change □ Change
			□Remove
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fective date, if other than the date in effective date is listed, the date must be sote: If the date inserted in this block decument's effective date on the Depart	loes not meet the appli	cable statutory fil	(option more than 90 days after ing requirements, this	onal) filing.) Pursuar s date will not	n 10 605.020 : be listed a
cument s effective date on the Depart	ment of State's records	5.			
ecord specifies a delayed effective date is filed.	e, but not an effective	time, at 12:01 a.m	i. on the earlier of; (b') The 90th d	lay after the
April 30th	2024	/_	7//	•	
		Cur	u C		
Sign	ature of a member or auth	and an annument	677		

Filing Fee: \$25.00