L22000073943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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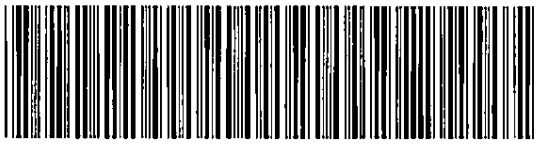

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Amend

MAR 10 2022
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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Giovanni 57, LLC.

_____ Art of Inc. File_____

_____ LTD Partnership File_____

_____ Foreign Corp. File_____

_____ L.C. File_____

_____ Fictitious Name File_____

_____ Trade/Service Mark_____

_____ Merger File_____

_____ Art. of Amend. File_____

_____ RA Resignation_____

_____ Dissolution / Withdrawal_____

_____ Annual Report / Reinstatement_____

_____ Cert. Copy_____

_____ Photo Copy_____

_____ Certificate of Good Standing_____

_____ Certificate of Status_____

_____ Certificate of Fictitious Name_____

_____ Corp Record Search_____

_____ Officer Search_____

_____ Fictitious Search_____

_____ Fictitious Owner Search_____

_____ Vehicle Search_____

_____ Driving Record_____

_____ UCC 1 or 3 File_____

_____ UCC 11 Search_____

_____ UCC 11 Retrieval_____

_____ Courier_____

Signature

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Giovanni 57, 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:

Susan L. Bedyan
Name of Person

Goede, DeBoest & Cross, PLLC
Firm/Company

6609 Willow Park Drive, Second Floor
Address

Naples, FL 34109
City/State and Zip Code

sbedyan@gadclaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan L. Bedyan at (239) 331.5100
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

Giovanni 57, LLC

(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 31, 2022 and assigned Florida document number L22000073943.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2022 MAR -9 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City, **Florida** *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

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

Title	Name	Address	Type of Action
MGR	Giovanni Giarrusso (to correct name)	369 Trimtown Road North Scituate, RI 02857	☐ Add ☐ Remove ☒ Change
AMBR	Doreen Bell Girrusso (to correct name)	369 Trimtown Road North Scituate, RI 02857	☐ Add ☐ Remove ☒ Change
			☐ Add ☐ Remove ☒ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated March 9, 2022.

Signature of a member or authorized representative of a member

John C. Goede, Esq.

Typed or printed name of signee