

172 000092851

(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:

JUL 22 2022

A. LUN

missing p.p. signature

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05/06/22--01017--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 JUL 22 AM 11:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2022

NUMO MORAIS
LL GABBIANO DELRAY BEACH LLC
802 N SWINTON AVE
DELRAY BEACH, FL 33444

SUBJECT: LL GABBIANO DELRAY BEACH LLC
Ref. Number: L22000092851

We have received your document for LL GABBIANO DELRAY BEACH LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your document was incomplete.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

Letter Number: 322A00014757

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHANGING COMPANY NAME OF LL GABBIANO DELRAY BEACH 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:

NUNO MORAIS

Name of Person

LL GABBIANO DELRAY BEACH LLC

Firm/Company

802 N SWINTON AVE

Address

DELRAY BEACH

City/State and Zip Code

FLORIDA 33444

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

For further information concerning this matter, please call:

NUNO MORAIS

347 407 3266
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 JUL 22 AM 11:27

LL GABBIANO DELRAY BEACH 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 02/14/2022 and assigned
Florida document number 1.22000092851.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

il Gabbiano Delray Beach LLC

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

3. 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:

NA

New Registered Office Address:

NA

Enter Florida street address

NA


Florida

City

Zip Code

By 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I'm requesting the correction of

LL - in LL ~~DEIRA~~ GABBIANO DELRAY BEACH LLC
FOR:

IL GABBIANO DELRAY BEACH LLC

(THE FIRST LETTER IS SUPPOSED TO
BE AN "I" NOT AN "L".

THANK YOU

FILED
CLERK OF SUPERIOR COURT
2022 JUL 22 AM 11:27

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 DELRAY BEACH 7/11/22



Signature of a member or authorized representative of a member

NUNO MORAIS

Typed or printed name of signee