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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Name of Lin		
	nited Liability Company	
mendment and fee(s) are sub	omitted for filing.	
ence concerning this matter	to the following:	
Rigoberto Garcia		
	Name of Person	
Glonaro LLC		
	Firm/Company	
3613 Pine Oak Cr , Unit 10	03	
	Address	
Fort Myers, FL 33919		
1 1310 3	City/State and Zip Code	
<del></del>	to be used for future annual se	mort notification)
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		0408
#1500	Area Code	Daytime Telephone Number
following amount:		
S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Statu
	Street Add	
	_	ion Section
MIAHOUS		or Corporations re of Tallahassee
	Rigoberto Garcia  Glonaro LLC  3613 Pine Oak Cr., Unit 10  Fort Myers, FL 33919  dorabibb@gmail.com  E-mail address: (corning this matter, please corning this matter, please corning this matter.)	Rigoberto Garcia  Rigoberto Garcia  Name of Person  Glonaro LLC  Firm/Company  3613 Pine Oak Cr , Unit 103  Address  Fort Myers, FL 33919  City/State and Zip Code dorabibb@gmail.com  E-mail address: (to be used for future annual recerning this matter, please call:  786  41 (

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Gionaro LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as It now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000105566	y were filed on 03/01/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	•
Enter new principal offices address, if applicable:			22
(Principal office address MUST BE A STREET ADDRESS)			2 AUG
			5
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:			-
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
lew 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>	Address	Type of Action
AMBR	Carlos Garcia	3613 Pine Oak Cr, Unit 103	□ Add
		Fort Myers FL 33919	■Remove
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			Remove
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lote: If the date inserted in this b	ist be specific and cannot be prior to de lock does not meet the applicable	statutory filing requirements, the	er ning.) Pursuant to 605.0207 (3) his date will not be listed as the	(0)
	Department of State's records.			
ocument's effective date on the L				
	ve date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the	
record specifies a delayed effecti	ve date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the	
record specifies a delayed effection is filed.		G	(b) The 90th day after the	

Filing Fee: \$25.00