Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001767213)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

55

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DI TOMMASO HOLDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

To: 18506176383 From: 12147128131 Date: 05/18/22 Time: 5:32 AM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000176721 3)))

DI TOMMASO HOLDING LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on 04/11/2022	and assigned
Florida document number L22000173388		
This amendment is submitted to amend the following:	v	
A. If amending name, enter the new name of the limited li	iability company here:	
DI TOMMASO HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	abbieviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS,	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	247-2A Carrier Dr. Toronto,Ontario, M9W 5Y9, Canada	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the na	me of the new register
Name of New Registered Agent:		· · · · · · · ·
New Registered Office Address:	Enter Florida street address	8 F. S
	, Florida	五型 <b>2</b> 5
<del></del>	City	Zip Edde

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

To: 18506176383 From: 12147128131 Date: 05/18/22 Time: 5:32 AM Page: 03/04

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 (((H22000176721 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Giulio V. Di Tommaso	5144 Sunnyvale Rd.	🗆 Add
		North Port. FL 34288	□Remove
			<b>™</b> Change
AMBR	Rina Di Tommaso	5144 Sunnyvale Rd.	<b>I</b> Add
		North Port, FL 34288	DRemove
·			[]Change
		_	
			□Remove
			Change
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