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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 258	Name of Limited Liability Company
The enclosed Articles of Amendmen	nt and fee(s) are submitted for filing.
Please return all correspondence cor	aceming this matter to the following:
	Christopher A. Guccio
_2	58 Actomation LLC Firm/Company
23	3029 Dewitt Doive
Bo	poksuille FL 3460/
Ci	City/State and Zip Code  6/15 @ 9000-10 - 9000. Com  E-mail address: (to be used for future annual report notification)
Christiphe A	- Cucac at (718) 404-6903
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the followin	
<del>-</del>	00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  tificate of Status Certified Copy (additional copy is enclosed) 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

258 Autor	nation LLC 2022 MAY 27 AM 9:08
(Name of the Limited Liability (A Florida	v Company as it now appears on our records. Limited Liability Company)  IALLAHASSEE, FL
	11/10/2012
The Articles of Organization for this Limited Liability C	
Florida document number <u>L 22 000 178 3</u>	93 -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	l 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:	<u></u>
•	
New Registered Office Address:	Enter Florida street address
	, Florida
-	City 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 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
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J		163 Main Street Staten Island, NY 10307	Remove
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record specifies a d	elayed effective date, bu	it not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b)	The 90th	day aft	er the
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ated May	40	2022					
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	Signature	of a member or author	rized representative of a r	nember			
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