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COVER LETTER

TO:

	ration Section on of Corporations	
	NCLE LEO'S OF VENICE, FLORIDA L	LLC
SUBJECT:	Name of Limi	ited Liability Company
The enclosed A	rticles of Amendment and fee(s) are subr	mitted for filing.
Please return all	l correspondence concerning this matter t	to the following:
	MARYANN SCHOOLDEN	N CPA
		Name of Person
	MARYANN SCHOOLDER	N CPA PA
		Firm/Company
	7540 NW 5 ST, SUITE 2	
		Address
	PLANTATION, FL 33317	r
		City/State and Zip Code
	maryannepa@bellsouth.net E-mail address: (te	o be used for future annual report notification)
For further info	rmation concerning this matter, please ca	
MARYANN SO	CHOOLDEN CPA	954 673-1477 at (
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
■ \$25.00 Filin	ng Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	ng Address: stration Section ion of Corporations Box 6327 hassee, 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

UNCLE LEO'S OF VENICE, FLORIDA LLC

2077 MAY 25 PM 4: 09

(Name of the Limited Liability Compa	ny as it now appears on our re	cords)		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	TALL AHASSES STATE		
The Articles of Organization for this Limited Liability Company	were filed on 04/09/2022	and assigned		
-	were med on	and assigned		
Florida document number L22000179860				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
N/A				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	LEO SPINELLI			
Principal office address MUST BE A STREET ADDRESS)	355 PEPPERTREE ROAL)		
THICIPAL OFFICE GUATESS MOST DE A STREET ADDRESSY	VENICE, FL 34293			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered office	address on our records, <u>e</u>	nter the name of the new regist		
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street a	11		
	Enter Florida street a	uaress		
		. 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
MGR	LEO SPINELLI	355 PEPPERTREE ROAD	
		VENICE, FL 34293	□Remove
			□Change
MGR	BARBARA J ARGENIO	355 PEPPERTREE ROAD	\ _Add
		VENICE, FL 34293	_
			☐ Change
			□Add
			□Remove
			☐ Change
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		04/09/2022		(ont	. 15	
Effective date, if other than the	date of filing:	14/09/2022		(Opi	(lonai)	
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