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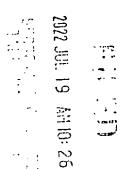
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COVER LETTER

TO:	Registration Se Division of Cor			•) ¹		
SUBJE	CT.	DAN SF	PERDUTO LLC				
SOBR			ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
			Daniel Sperduto				
			Name of Person		ر 2022 ک		
			Firm/Company		 61 In		
			2508 Sailors Way		=======================================		
			Address		<u> </u>		
	Naples, FL 34109						
			City/State and Zip Code				
			n@dansperduto.com to be used for future annual report notifi	cation)			
For fur	ther information c	oncerning this matter, please c	·	cation,			
	Dai	niel Sperduto	at (_239_)_300-7171				
Name of Person		f Person	Area Code Daytime	Telephone Number	Number O.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		
Enclose	ed is a check for th	ne following amount:					
□ \$ 2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status & Copy		
	Mailing Addres Registration S		Street Address: Registration Sect	tion			
	Division of C		Division of Corp				
	P.O. Box 632	7	The Centre of Ta	allahassee			
	Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAN SPERI (Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document numberL22000271034	`σ
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
DANIEL SPERI The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address

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.

Cirv

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>	Type of Action
		\	□ Add
			□ Remove
		\	□Add
			Remove
			□Change
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Note: If the da	e, if other than the te is listed, the date mu ate inserted in this b fective date on the f	łock does not	meet the appl	licable statuto	ing or more that ry filing requ	(option 1 90 days after the irements, this	nal) iling.) Pursuant to date will not be	605,0207 (listed as t
e record specified is filed.	ies a delayed effecti	ve date, but no	ot an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day	after the
Dated	7/14	<u>,</u>		<u>}</u> .	,			
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Filing Fee: \$25.00