# 122000294644

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
MC	
•	Office Use Only



700394741127

09/29/22--01017--006 \*\*25.00

#### COVER LETTER

## **Division of Corporations** Salvatore's of North Florida, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ferdinand Formoso Name of Person Firm/Company 4472 Glen Kernan Pkwy. E. Address Jacksonville, FL 32224 City/State and Zip Code ferdformoso@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samantha Bunker Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

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

Salvatore's of North Florida, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on June 29, 2022	and assigned
orida document number 1.22000294644	<u></u> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
alvatore's of Florida, LLC		
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
nter new mailing address, if applicable:		<del>-</del>
Agiling address MAY BE A POST OFFICE BOX)		
		_
. If amending the registered agent and/or register gent and/or the new registered office address here		name of the new registe
ent and/or the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
<del></del> -	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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change

_		_						
_								
-	<del>_</del>	1.2.1.2.1			_			
-			<del></del>	_		· <u>·</u> ···	<b>h</b>	
-								<del></del>
_				<u> </u>				
-		. —	· · ·	•				
-			<u>.</u>					
-							<u></u> .	
_				-			<u></u>	
_		<b></b>						
-				<del></del>				
-								<del></del>
_								
_	<u> </u>					<del></del> -		<u>.</u>
-								<del></del>
Effect	ive date, if other fective date is listed, t	than the date	of filing:	<u></u>		((	optional)	
Note:	fective date is listed, to If the date inserted nent's effective date	d in this block do	oes not meet t	he applicable:	e of filing or mo statutory filing	ore than 90 days grequirements	after filing.) Pursuan , this date will not	140 605.0207 (3 be listed as th
the recor	rd specifies a delay iled.	ed effective date	, but not an e	ffective time, a	at 12:01 a.m. c	n the earlier o	f: (b) The 90th d	ay after the
D . 1	Saptes	uler 2	<u>6</u>	2022				
Dated								
Dated		$\mathcal{I}$	$\mathcal{L}$	er or authorized				

Typed or printed name of signee