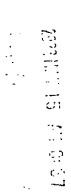
## L2200335297

Office Use Only



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09/15/28--01024--015 \*\*25.00



## **COVER LETTER**

TO:

TO: Registrat Division (	n Section Corporations	
iServ	ilian, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	of Amendment and fee(s) are submitted for filing.	
Picase return all co	espondence concerning this matter to the following:	
	Kenneth B. Kirkpatrick	
	Name of Person	
	Firm/Company	
	PO Box 2495	~.3
	Address Ocala, FL 34478	## ## ##
	City/State and Zip Code	<u> </u>
	ken@heritagemanagement.net  E-mail address: (to be used for future annual report notification)	ीं इर
For further informa	on concerning this matter, please call:	9:37
Kenneth B. Kirkpa	at ()	_
	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check	or the following amount:	
<b>\$25.00</b> Filing	Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee & Certificate of S  Certified Copy (additional copy is	tatus &
Divisior P.O. Bo	on Section Registration Section of Corporations Division of Corporations	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iServ Italian, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/29/2022 and assigned Florida document number L22000335297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR ———	Brandon Kyle Dixon	PO Box 2495 Ocala. FL 34478	<b>=</b> Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			☐ □Remove
			Change
			DAdd
			□Remove
			□Change
<u>-</u>	<del></del>		
			□Remove
			Change
			□ Add
		<u></u>	
			□Change

	<u> </u>
	2600
	28
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	2
effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing:  E: If the date inserted in this block does not meet the applicable statutor ament's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 filed.	I a.m. on the earlier of: (b) The 90th day after th
ed May 9 2023	
	entative of a member