L22000390665

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Y. SCOTT
JUL 2 2 2023

COVER LETTER

TO: • Registration Section **Division of Corporations** VISCONTI ENTERPRISES, 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: ANTHONY COFRANCESCO Name of Person GOLDHAWK FINANCIAL, PLLC Firm/Company 7274 CATALINA ISLE DR Address LAKE WORTH, FL 33467 City/State and Zip Code GOLDHAWKFINANCIAL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTHONY COFRANCESCO 317-8861 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & ☐ \$60.00 Filing Fcc, □ \$25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy 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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISCONTI ENTERPRISES, 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 $\frac{09/07/2022}{1}$ and assigned Florida document number L22000390665 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ 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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	CARAPELLA, RAYMOND	5811 PEACH HEATHER TRL	□ Add
		VALRICO, FL 33596	■Remove
			□Change
MGR	COFRANCESCO, ANTHONY	7274 CATALINA ISLE DR	∃ Add
		LAKE WORTH, FL 33467	□Remove
			□Change
			
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record specifies a delayed effective is filed.	ve date, but not	an effective t	me, at 12:01 a	.m. on the ea	dier of: (b) Th	e 90th o	day after the
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Typed or printed name of signee