L22000400616

Office Use Only



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06/19/23--01005--016 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carli Jav	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Ta	d around Name of Person
Nus	ent + around uc Firm/Company
2455	E. Swinse Blid. #807
Fort	City/State and Zip Code
E-mail a	ddress: (to be used for future annual report notification)
For further information concerning this matter, p	please call:
Tad Groved Name of Person	at (954) 537 - 1717 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of St	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carli James	DN LIC			
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 9/13/22 and assigned Florida document number <u>L22000 400 61</u> 6				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, 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 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>	Address	Type of Action
AMBR	Carli Valantino	3032 E. Commercial Blud-# 124	□Add
		Fort Landudale, Fl 33304	Remove
			□Change
AMBR	Edward J. Trotta	1901 Coval Neef Dr.	XAdd
		1901 Coval Neef DV: Landudale by the Sea, Fr 33308	🗀 Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
		. •	☐ Remove
			☐Change
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			□Add
			□Remove
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fective date, if other than the date of filing:	(optional)
ote: If the date inserted in this block does not meet the applicable statutory forument's effective date on the Department of State's records.	filing requirements, this date will not be listed
realism s effective date of the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a. is filed.	m. on the earlier of: (b) The 90th day after t
$ted = \frac{b/1b}{2}$. $\frac{2023}{2}$.	
(1,12000)	
Signature of a member or authorized representa	vive of a member

Filing Fee: \$25.00