

L22000406040



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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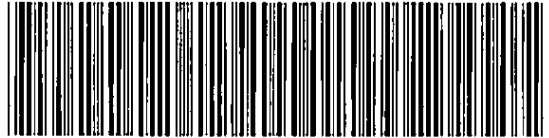
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RENGELINI LLC**

\_\_\_\_\_  
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:

EDNA MENDEZ

\_\_\_\_\_  
Name of Person

EMPIRE BUSINESS & TAX ADVISORS LLC

\_\_\_\_\_  
Firm/Company

120 BROADWAY AVE SUITE 302

\_\_\_\_\_  
Address

KISSIMMEE, FL 34741

\_\_\_\_\_  
City/State and Zip Code

ednamendez@empirebta.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDNA MENDEZ

407 613-0850

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RENGELINI 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 09/16/2022 and assigned  
Florida document number L22000406040.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MAZOONE, LLC

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)

16252 SAINT KITTS CIR

CLERMONT, FL 34714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

120 BROADWAY AVE

SUITE 302

KISSIMMEE, FL 34741

**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:

EMPIRE BUSINESS & TAX ADVISORS LLC

New Registered Office Address:

120 BROADWAY AVE SUITE 302

*Enter Florida street address*

KISSIMMEE

*City*

Florida 34741

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RENGEL, KATERINE	16252 SAINT KITTS CIR	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RENGEL, TATIANA VANEZZA	16252 SAINT KITTS CIR	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RENGEL, CHRISTIAN PAUL	16252 SAINT KITTS CIR	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RENGEL, ADRIANA NATALIA	16252 SAINT KITTS CIR	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RENGEL, GERMAN	16252 SAINT KITTS CIR	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/26, 2024

  
Signature of a member or authorized representative of a member

GERMAN RENGEL  
Typed or printed name of signee