## L22000429157

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## **COVER LETTER**

	Registration Se Division of Cor			•	
en en en en e		M ROTUNDA LLC			
SUBJEC	.l:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		STEPHANIE A ROTUNI	)A		
			Name of Person		
			Firm/Company		922 HOV 10 AT 8: 51
		9511 WALLIEN DR		SEC	2022
			Address	- RET	107
		BROOKSVILLE, FL 3460	<u> </u>		0
		stephrotunda@gmail.com	City/State and Zip Code	,774 Pres	
			to be used for future annual report notif	ication)	
For furth	er information c	oncerning this matter, please c	all:		
Matthey	v McEwen		352 777-8922		
	Name o	f Person		: Telephone Number	
Enclosed	d is a check for the	ne following amount:			
<b>■</b> \$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 radditional copy is enclose	
	Mailing Addres Registration 5		Street Address: Registration Sec	ction	
	Division of C	Corporations	Division of Cor	porations	
	P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	allahassee 2 Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number 1.22000429157	ability Company were filed on 10/0	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name $\phi$	the limited liability company her	<u>e</u> ;
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	S 202
( <u>Principal office address MUST BE A STREE</u>	T ADDRESS)	22H07 10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	••	cords, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Taylor M Rotunda	9511 WALLIEN DR	
		BROOKSVILLE, FL 34601	□Remove
			□Change
			Remove 2022 NOV
			□ Add Septembry
			□Change
			□Add
			□Remove
, <u>, , , , , , , , , , , , , , , , , , </u>			
			□Remove
			□Change
			□ Remove

*	
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	on the second se
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to tee. If the date inserted in this block does not meet the application.	ble statutory filing requirements, this date will not be liste
nument's effective date on the Department of State's records.	
	1200 and december 1200 and the original for the Other december 1
cord specifies a delayed effective date, but not an effective tim s filed.	ie, at 12:01 a.m. on the earlier of, (b) The 90th day after
November 8th 2022	<u>_</u> .
State 1/DI	/
C = V M M M M = V M M M M M M M M M M M M	
Signature of a member or author	ized representative of a member

Filing Fee: \$25.00