## Lace 151 113

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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## **COVER LETTER**

TO: Registration So Division of Cor			
AFIDEV L	LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANGELA PEREZ		
		Name of Person	
	A CAMI BUSINESS ANI	O CORPORATE SOLUTIONS LL	c
		Firm/Company	, ,
	8500 SUNRISE LAKES E	BLVD., STE. 109	:
	<del></del>	Address	
	SUNRISE, FLORIDA 333	322	
		City/State and Zip Code	
	ACAMI@CAMIBCS.COM		
		to be used for future annual report noti	fication) Fig. 173
For further information e	oncerning this matter, please c	all:	
ANGELA PEREZ		305 489-1414	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFIDEVILL		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our recor- Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company florida document number L22000430145	were filed on 10/05/2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Commany "the designation "FF	" or the abbreviation " [ C "
	9717 SW 74TH AVENUE	( )
nter new principal offices address, if applicable:	OCALA, FLORIDA 34476	
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	9717 SW 74TH AVENUE	
Mailing address MAY BE A POST OFFICE BOX)	OCALA, FLORIDA 34476	12.
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	N.S.
	FI	orida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or femoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CRISTINA LELLI	9717 SW 74TH AVENUE	□Add
		OCALA, FLORIDA 34476	□Remove
			Change
MGR	GIANLUCA VEZZANIE	9717 SW 74TH AVENUE	
		OCALA, FLORIDA 34476	□Remove
			□Add
			□Remove
			: 
		-	☐ Add
			(u) (v)
			□Change □Add
			□Remove
			□Change
····			⊡Add
			□Remove
			□Change

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