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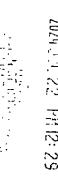
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A. PARISHANI JUL 27 2024

## **COVER LETTER**

		COVER LETTER	202
TO: Registration Sec Division of Corp			2024 (11) 2
Po	TZEES ITAL	LIAN 16C	22
SUBJECT:	Name of Limi	ited Liability Company	· ` · · · · · · · · · · · · · · · · · ·
		, , ,	PH 12: 29
			22
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	NICOLA	FALZONE	
		Name of Person	
	Policus	Firm/Company	<u> </u>
		rimicompany	
	11674 KALCI	614 CT Address	
		TL 33525  City/State and Zip Code  1AND AOL. COT to be used for future annual report notifi	
	1-	City/State and Zip Code	
	POIZESITAL	IAN @ AOL. COT	7.
For further information co	n-mail address: (i		ication
//		702 / 82	00/./.
MICOLA T	4620103	at (702) 482	0044
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 POTZEES ITALIAN 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 \_\_\_\_\_\_\_\_ and assigned Florida document number 422 00 04 31 225.

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:	11674 KALEIGH CT			
(Principal office address MUST BE A STREET ADDRESS)	11674 KALEIGH CT DADE CITY FL 33525			
Enter new mailing address, if applicable:	11674 KALEIGH CT			
(Mailing address MAY BE A POST OFFICE BOX)	11674 KALEIGH CT DADE CITY FL 33525			

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:

NICOLA FALZONÓ

1/674 KALVILH CT

Enter Florida street address

DADG CITY, Florida 33525

City 7tip Code Name of New Registered Agent: New Registered Office Address:

## 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 l 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

Title	Name	Address	Type of Action
AMBR	NICOLA FALZONE	11674 KALEIGH CT	<b>X</b> Add
		DADECITY FL 33525	□Remove
			□Change
Andr	MICHEAL P SOLIVE	11674 KALGIGIA CT	🗆 Add
		DADE CITY FL 3352	Remove
			Change
Anon	NATHAN JONES	11674 KAUGIGH CT	
		DADE CITY FL 3352	Kin nove
			[] Change
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Page 2 of 3	202
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	2024 Ji!!
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Effective date, if other than the date of filing:	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t The 90th day after the record is filed.	the earlier of
Dated 6-26- 2024	
The state of the s	
Signature of a member or authorized representative of a member	
NICOLA FALZONO	
Typed or printed name of signee	