

L22000431225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2024 JUL 22 PM 12:29
CLERK OF SUPERIOR COURT
JUL 22 2024

A. PARISHANI
JUL 27 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POTZUGS ITALIAN LLC
Name of Limited Liability Company

2024 JUN 22 PM 12:29

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLA FALZONE

Name of Person

POTZUGS ITALIAN LLC

Firm/Company

11674 KALEIGH CT

Address

DADE CITY FL 33525

City/State and Zip Code

POTZUGSITALIAN@AOL.COM.

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

For further information concerning this matter, please call:

NICOLA FALZONE

Name of Person

at (702)

Area Code

482 0044

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

POZZES ITALIAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUL 22 PM 12:29

The Articles of Organization for this Limited Liability Company were filed on 10-06-2022 and assigned Florida document number 422000431225.

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:

(Principal office address MUST BE A STREET ADDRESS)

11674 KALEIGH CT
DADC CITY FL 33525

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11674 KALEIGH CT
DADC 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:

Name of New Registered Agent:

NICOLA FALZON

New Registered Office Address:

11674 KALEIGH CT
Enter Florida street address

DADC CITY, Florida 33525
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NICOLA FALZONE	11674 KALEIGH CT	<input checked="" type="checkbox"/> Add
		DADG CITY FL 33525	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL P JOLIVE	11674 KALEIGH CT	<input type="checkbox"/> Add
		DADG CITY FL 33525	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NATHAN JONES	11674 KALEIGH CT	<input type="checkbox"/> Add
		DADG CITY FL 33525	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated

Typed or printed name of signee