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| (Requestor's Name) | |
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| (Address) | |
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| PICK-UP WAIT | MAIL |
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| Certified Copies Certificates o | Status |
| Special Instructions to Filing Officer: | |
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COVER LETTER

Registration Section Division of Corporations

TO:

| | · | 1, |
|--|--|----------------|
| SUBJECT: John | R Augello LLC | |
| | Name of Limited Liability Company | |
| | | |
| The enclosed Articles of Amendment and | d fee(s) are submitted for filing. | |
| Please return all correspondence concern | ing this matter to the following: | |
| | | |
| | Name of Person | |
| | -Icha R. Augello LLC Firm/Company | |
| | 27202 Breakers Dr. Address | |
| | wesley Chapeh FL. 335-116 B | ctz |
| | E-mail address: Ito be used for future annual report notification) | 71.72 (1.72 |
| For further information concerning this r | natter, please call: | |
| Name of Person | City/State and Zip Gode City/State and Zip Gode Chn Augello LL (Yahoo: Com E-mail address: Ito be used for future annual report notification) natter, please call: Area Code Daytime Telephone Number | : 1: 2p |
| | | |
| Enclosed is a check for the following am | ount: | |
| \$25.00 Filing Fee \$30.00 Filing Fee Certifies | ate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy | |
| | (additional copy is enclose | a) |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations | |
| P.O. Box 6327 | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| John K | - Hugel | 10 LLC | - | | | |
|--|--|--|------------------------------|------------------------------------|--|----------------|
| (Name of the Limited Liz (A Flo | <u>ability Company a</u> orida Limited Liabi | <u>s it now appea</u> lity Company) | ars on our reco | o <u>rds.</u>) | | |
| The Articles of Organization for this Limited Liabilit | ty Company we | re filed on | 10/11/ | / 2022 | and assig | med |
| Florida document number 12200043 | | | | - | | • |
| Fiorida document number | <u>20 /</u> . / J | | | | | |
| This amendment is submitted to amend the following | g: | | | | | |
| A. If amending name, enter the new name of the | limited liability | company l | <u>iere</u> : | | | |
| | | | | | | |
| The new name must be distinguishable and contain the words | *Limited Liability (| Company," the | designation "L | LC" or the abbrevi | ation "L.L. | C." |
| Enter new principal offices address, if applicable: | : _ | | | <u></u> | | |
| (Principal office address MUST BE A STREET AL | DDRESS) | | | SE(| 022 | |
| Trincipul Office unit can be considered. | | - | | AL. | 8 | 1 6 |
| | | | | 27 | 2 | - Fith |
| | | | | | 0 | 179 |
| Enter new mailing address, if applicable: | _ | | | <u></u> | 2 | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 _ | | | ζης | | |
| | | | | | 38 61 | |
| | | | | | • | |
| B. If amending the registered agent and/or regist | tered office add | ress on our | records, <u>ent</u> | er the name of | the new | registere |
| agent and/or the new registered office address he | <u>re</u> : | | | | | |
| | | | | | | |
| Name of New Registered Agent | | | | | | |
| | | | | | | |
| New Registered Office Address | | | | | | |
| | | r.nter r t | orida street add | ress | | |
| _ | | | | Florida | | |
| | | City | | Z | ip Code | |
| New Registered Agent's Signature, if changing Regis | tered Agent: | | | | | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan | nd complete per ed agent as pro stered office ad | rformance o vided for in | of my duties, Chapter 60. | and I am fami 5, F.S. Or, if th | liar with is docun | and nent is |
| | If Changin | g Registered A | agent, Signatur | e of New Register | ed Agent | |

| | om our records: | orized to mana | ige, enter the title, name, and address of each p | erson benig adder |
|-------------------------|--------------------------|----------------|--|---------------------------|
| MGR = Mai AMBR = Aut | nager thorized Member | | | |
| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
| MGR | John A | usello | 27202 Brenteers Dr Wesley Chapal Fl 3359 | □Add |
| | | | Wesley Chapel Fl 3354 | ″/ ☑Remove |
| | | | | □Change |
| MGR | John R. | Jugello | 27202 Breckers Dr. Wesley Chapelite, 335 | _ ©Add |
| | | | Wesley Chapelite, 335 | <u>L</u> Character (1997) |
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| D. If amending any other information, | enter change(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block d document's effective date on the Department. | pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 des not meet the applicable statutory filing requirements, this date will not be list | 5.0207 (3)(b) ed as the |
| If the record specifies a delayed effective date record is filed. | but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte | r the |
| Dated 10/18/2022 | 1 h Qualla | |
| Sign | tire of a member or authorized representative of a member | |
| | Typed or printed name of signee | |