

L22000494299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

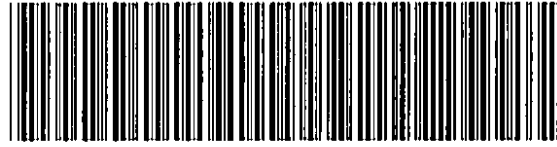
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100442651701

2025 FEB -3 AM 10:08
TALLAHASSEE, FLORIDA

2025 JAN 31 PM 2:27
TALLAHASSEE, FLORIDA

FILED

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE CESANI & CESANI GROUP LLC

Please Debit FCA0000000003 For: 25

Thank you Seth Neeley

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

The CESANI & CESANI Group LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Emily B. Cesani

Name of Person

The CESANI & CESANI Group LLC

Firm/Company

214 Brazilian Ave, Suite 200-K

Address

Palm Beach, FL 33480

City/State and Zip Code

Emily@TheCESANIOrganization.com

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

For further information concerning this matter, please call:

Emily B. Cesani

866-723-7264, ext 702

at ()

Name of Person

Area Code

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2025

CAPITAL CONNECTION

SUBJECT: THE CESANI & CESANI GROUP LLC
Ref. Number: L22000494299

We have received your document for THE CESANI & CESANI GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the spelling of the City for Manager Jeniffer Johnson.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 525A00002122

RECEIVED

2025 FEB -3 PM 3:50

SECRET

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2025 FEB -3 AM 10:08

The CESANI & CESANI Group LLC

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 30, 2025 and assigned
Florida document number L22000494299.

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:

214 Brazilian Ave

(Principal office address MUST BE A STREET ADDRESS)

Suite 200-K

Palm Beach, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Emily B. Cesani

New Registered Office Address:

214 Brazilian Ave, Suite 200-K

Enter Florida street address

Palm Beach

Florida 33480

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.

/S/



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>
MGR	Jennifer Johnson	37 North Orange Ave	<input checked="" type="checkbox"/> Add
		Suite 537	<input type="checkbox"/> Remove
		Orlando, FL 32801	<input type="checkbox"/> Change
AMBR	Emily B. Cesani	214 Brazilian Ave	<input type="checkbox"/> Add
		Suite 200-K	<input checked="" type="checkbox"/> Remove
		Palm Beach, FL 33480	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Note: In reference to the above amendment adding Jennifer Johnson as an Authorized Person in the organization, Jennifer Johnson will not

Have any percentage (0%) of ownership. Ownership will remain the same as Emily Beth Cesani at 50%, and

I. Kemuel Cesani at 50%. Jennifer Johnson is a hired employee as a Broker. Jennifer Johnson is not authorized to

Open bank accounts, not hire-fire anyone, not authorized to make any decisions for the company or its owners Emily B. Cesani

& I. Kemuel Cesani

FILED
2025 FEB -3 AM 10:08
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: January 30, 2025 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January 30th, 2025

/s/



Signature of a member or authorized representative of a member

Emily B. Cesani

Typed or printed name of signee