L22000524018

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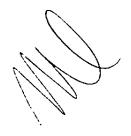
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SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

	Registration Se Division of Cor				
SUBJEC		ucina MDPA LLC.			
SUBJEC		Name of Lim			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Arthur R. Rosenberg			
			Name of Person		
	Arthur R. Rosenberg, PA				
			Firm/Company		
		6499 North Powerline Road, Suite 304 Address			
Fort Lauderdale, Florida 33309					
City/State and Zip Code					2024 SE(
		arr@arrosenberg.com E-mail address: (to be used for future annual report notification)			ZA S T
For furthe	er information c	n-mail address: (concerning this matter, please c		ication)	FILTELY 2024 NOV 25 PM 3: 48 SECRETARY OF STATE TALLAHASSEE, FL
Arthur R.	. Rosenberg, Pa	A	954 856-5151 at ()		
-	Name o	of Person		e Telephone Number	STATE
Enclosed	is a check for t	he following amount:			
¾ \$25.0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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

Azzurro Cucina MDPA LLC.

(Name of the Limited (A	H.iability Compa V.Florida Limited	ny as it now appears on our record Liability Company)	<u>ls.)</u>
The Articles of Organization for this Limited Liab Florida document number 22000524018	bility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity 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)		200 Hypoluxo Road	
		Suite 108	
		Lantana, FL 33462	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		200 Hypoluxo Road Suite 108	SECKET
		Lantana, FL 33462	25
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	Joel P. Koeppe		the name of the new registered FL FL FL Ste 220
	West Palm Bea		33401

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

Zip Code

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>	Address	Type of Action
AMBR	MICHAEL DUBROVSKY	16001 Collins Avenue, Unit 4202	
		Sunny Isless Beach, Florida 33160	Remove
			□ Change
AMBR	P & I Accarpio Management Inc.	1901 Collins Avenue, Unit 2904	□Add
		Sunny Isless Beach, Florida 33160	≣Remove
			□ Change
AMBR	CHRISTOPHER ZITO	500 North Congress Avenue	21/24 t
		Delray Beach, Florida 33445	SECRETION OF PHALLEHASS
			AASSMATE FLAND
			🗀 Remove
			□Change
<u></u>			🖸 Add
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'an effective date is li	ther than the date of sted, the date must be spec serted in this block doe:	ific and cannot be pr	rior to date of filing o	or more than 90 days a	otional) fter filing.) Pursuant to 6	ጥ 05,0207 (3 <u>k</u>
	e date on the Departme			ning requirements,	uns date win not be n	steu as me
record specifies a office filed.	delayed effective date, b	out not an effectiv	e time, at 12:01 a.	m, on the earlier of:	(b) The 90th day af	ter the
November ated	26 th	2024	·			
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		en =	uthorized represents			

Filing Fee: \$25.00