L22000525334

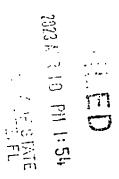
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	_

Office Use Only



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R. HUNT 04/10/2)

COVER LETTER

TO: Registration Section

Division of Cor	porations	•		
Tuscany Eli				
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ndence concerning this matter	to the following:		
	Cynthia McKenna			
		Name of Person		
		Firm/Company		60 60 60 60 20
	5797 N.W. 119th Terrace		1	ون ماريخ ماريخ
		Address		
	Coral Springs, Florida 330	76		PH T
	cynthiamck2017@gmail.co	City/State and Zip Code		CAND PH 1:54
	E-mail address: (to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
Lee D. Glassman		954 915-8800 at ()_		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional cop	of Status &
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration So Division of Co	rporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	l allahassee be Street, Suite 810)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUSCANY ELITE LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000525334}{L22000525334}$	y were filed on 12/15/20	22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		-	23
		٠.	77 4 17 1 3 1
			0
Enter new mailing address, if applicable:			D 111
Mailing address MAY BE A POST OFFICE BOX)		Tig.	
The state of the s			 22
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	
	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>	Address	Type of Action
AMBR	Lee Glassman	5797 N.W. 119th Terrace	
		Coral Springs, Florida 33076	■Remove
			Remove
			☐ Add
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Effective date, if other th	an the da	te of filin	04/02/2 g:		C GT:	.1 00.1	_ (optio	nal)		405 030 3
If an effective date is listed, the Note: If the date inserted it document's effective date o	i this block	does not i	meet the ap	plicable st						
e record specifies a delayed rd is filed.	effective da	nte, but no	t an effecti	ve time, at	12:01 a.m.	on the earli	er of: (b)	The 9	0th day	after the
Dated April 2			2023							
Dated										

Typed or printed name of signee