L23000021465

(Requestor's Name)
(Address)
(Address)
(,
(O) (O) (T) (O)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

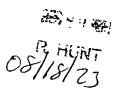
Office Use Only



600414023836

08/18/23--01010--007 +*25.00

2023 AUG 18 PH 12: 40



COVER LETTER

то:	Registration Sec Division of Corp		·		u
SUBJI	ect: Vi	551 CChio Name of Lim	Enterprises	5 LLC	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Christop	her Vissicchi	<u>O</u>	
			Firm/Company		
		3154	Waddress 18th	St	202 202
		Jacksonvil	Le Florida City/State and Zip Code	32254	DIVISION OF CORPORATIONS 2023 AUG 18 PM 12: 40
		E-mail address: (ichi o 13 o to be used for future annual report n	amail. Lon	:ORPORV
For fur	ther information co	ncerning this matter, please ca	all:		0.4 (0.4)
<u> </u>	hristopher Rame of	Vissicchio Person		ime Telephone Number	
Enclos	ed is a check for the	following amount:			
⊠ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	atus &
	<u>Mailing Address:</u> Registration Se		Street Address: Registration S	Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Vissicchio En	iter prises	LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recornability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company value of Double 12300001465	were filed on 1/10/	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLO	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2028
(Principal office address MUST BE A STREET ADDRESS)		ALG
Enter new mailing address, if applicable:		18 PM 12:1
(Mailing address MAY BE A POST OFFICE BOX)		6 8
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		***************************************
New Registered Office Address:	Enter Florida street addre	SS
	F	lorida
· · · · · · · · · · · · · · · · · · ·	City	Zin Coda

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 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>	Name	Address	Type of Action
<u>MGR</u>	Christopher Vissicchio	3154 W 18th St.	X (Add
		Jacksonville, FL	□Remove
		32254	□Change
			🗆 Add
			Remove
		<u></u>	
			DIVISIÓN DE CO
			□Change 点点
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			🗆 Add
		·	□Remove
			□Change

1 4			<u>.</u>		
	<u> </u>				
-					
			··	<u>-</u>	2023
			<u> </u>		— સં AUG
	12.00				— <u>€</u>
**			<u></u>		<u></u> 2
		 -			_ 0
_					
_					
			<u>-</u>		
			-		
ffective date, if oth	her than the date of fili ed, the date must be specific a	ing:	Ciling or many than 00	(optional)	to 605 020
ote: If the date inse	erted in this block does no date on the Department o	t meet the applicable s	tatutory filing requiren	ents, this date will not	be listed a
jeument's effective	date on the Department o	i state's records.			
record specifies a de lis filed.	layed effective date, but n	ot an effective time, a	. 12:01 a.m. on the earl	ier of: (b) The 90th da	y after the
ated Augus	St 14th				
		2			
	Signature of	a member or authorized	representative of a memb	cr	

A CANADA CANADA

Filing Fee: \$25.00