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(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Name	<u> </u>
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•	` •
		*	ı	
SUBJECT:	rchetti Realty LLC			_
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Angela Marchetti			
		Name of Person		_
		Firm/Company		_
	8110 Northpointe Blvd.			į r
		Address		
	Pensacola, Fl., 32514			
		City/State and Zip Code		(
	angelamarchetti@kw.com			- · · · · · · · · · · · · · · · · · · ·
	E-mail address: (	to be used for future annual report r	iotification)	- :
For further information c	oncerning this matter, please ca	all:		r i
Angela Marchetti		850 516-9466 at ()		
Name o	f Person	Area Code Day	time Telephone Numl	ber
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Addres		Street Address:		
Registration S		Registration :		
Division of C P.O. Box 632		Division of C The Centre o	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angela Marchetti Realty LLC					
( <u>Name of the Lim</u>	ited Liability Con (A Florida Limit	npany as it now appears o ed Liability Company)	on our records.)		
The Articles of Organization for this Limited	- •	any were filed on $\frac{01/24}{}$	1/2023	ar	nd assigned
Florida document number L23000045616	<del></del> *				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited li	iability company here	<b>:</b>		
Angela Marchetti LLC					
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the desi	gnation "LLC" or	the abbreviati	on "L.L.C."
Enter new principal offices address, if appli	icable:	N/A			
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				- <del>; :</del>
				-	1
Enter new mailing address, if applicable:		N/A		<u> </u>	· (
Mailing address MAY BE A POST OFFICE	E BOX)				•.
	<del></del>				<del></del>
				<u>.</u> .	
3. If amending the registered agent and/or	registered offic	ce address on our rec	ords, <u>enter the</u>	name of th	e new registere
gent and/or the new registered office addr	ess here:				
Name of New Registered Agent:	N/A	4-4			
New Registered Office Address:	N/A				
		Enter Florida	i street address		
			, Florid	a	·
		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
			□Add
			□Remove
			Change
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fective date, if other than the date of filing:			(optional)	
fective date, if other than the date of filing:	rior to date of fil	ling or more than 90	days after filing.) Pu	irsuant to 605.02 Il not be listed :
cument's effective date on the Department of State's recor				
ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12:0	1 a.m. on the earl	ier of: (b) The 9	0th day after th
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ted 2 6 . 20°c	<u> 15</u> .	1 1		
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Filing Fee: \$25.00