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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Solution of Co				
	ELOPMENT LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	*Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	PAUL NAZZARO			
		Name of Person		- 1
	1020 DEVELOPMENT LI	I.C		FIL 223 N.R. 13 350 G.H. 13
		Firm/Company		担多四
	866 LAKESIDE DR			ILED
		Address	<u> </u>	
	NORTH PALM BEACH.	FL 33408		2: 29
		City/State and Zip Code		
	pnazz723@gmail.com			
	E-mail address: (to be used for future annual report not	fication)	•
For further information	concerning this matter, please c	all:		
Paul Nazzaro		508 612-6556 at ()		-
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing I Certificate of S Certified Copy (additional copy i	Status & v
<u>Mailing Addra</u> Registration	Section	Street Address: Registration Se		
	Corporations	Division of Co The Centre of		
P.O. Box 63 Tallahassee			rananassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1020 DEVELOPMENT LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	e filed on 2/8/23 and assigned
Florida document number 1.23000071691	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	1723
	注: 第 m
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	·
	· ĽŚ
	.: 25
3. If amending the registered agent and/or registered office addregent and/or the new registered office address here:	ess on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	Florida
	City Zin 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 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
AMBR	BARBARA NAZZARO	866 LAKESIDE DR	□Add
		NORTH PALM BEACH, FL 33408	■Remove
			□Change
MGR	PAUL NAZZARO	866 LAKESIDE DR.	■Add
		NORTH PALM BEACH, FL 33408	□Remove
			□Change
			□Add
			□Remove
			[]Change
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Signature of a member or authorized representative of a member	March 8		- <u></u> •		
Signature of a member or authorized representative of a member	PAN				
		Signature of a member or	authorized representat	ive of a member	

DULL D. COE O