(shown below) on the top and bottom of all pages of the document.

(((H23000146982 3)))



H230001469823ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	9	moarc	duina	<u> </u>	zma:	il.cc	<u>۱</u>
			(		Ĺ			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW YORK NEW YORK LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help. LEMIEUX

APR 2 1 2023

ro:	Registration	Section

		K NEW YORK LLC	
Nume of Limited Liability Company			
	f Amendment and fee(s) are sul	-	
Please return all corresp	condence concerning this matter	r to the following:	
	(	GINO A. CIOTTI ROMERO	
		Name of Person	
	NE	W YORK NEW YORK LLC	
		Firm/Company	<del></del>
		541 NE 62ND ST, APT 1	
		Address	
		MIAMI, FL 33138	
		City/State and Zip Code	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>
		NOARDUINO@GMAIL.COM (to be used for future annual report not	fication)
For further information	concerning this matter, please c		•
GINO A. CIO	OTTI ROMERO	786 985 88	371
Name	of Person	at () Area Code Daylim	e Telephone Number
Enclosed is a check for t	the following amount:		
≘ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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

NEW YORK	NEW YORK LLC			
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comparing L23000133236	any were filed on	03/15/2023	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited i	iability company her	<u>:e</u> :		
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5	41 NE 62ND ST, APT	r 1	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33138		
	·			
Enter new mailing address, if applicable:	5	41 NE 62ND ST, API	7.1	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33138		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		cords, <u>enter the nan</u>	ne of the new registered	
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		ND ST, APT 1 la street address	<del>`</del>	
	МІАМІ	, Florida	33138	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	nt:		· · · 20:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of m is provided for in Ch	ny duties, and I am j napter 605, F.S. Or,	familiar with and if this document is	
	(102 John (Apr. 18, 7932 LE LA EGI)		$\frac{\omega}{2}$	
If C	hanging Registered Agen	t, Signature of New Rej	distered Agent	

Apr. 20. 2023 9:04AM

No. 0390 P. 4

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>	<u>Address</u>	Type of Action
MGR	ROMERO, OLPHA O.	541 NE 62 ND ST	
		MIAMI, FL 33138	■Remove
			☐ Change
AMBR	CIOTTI ROMERO, GINO A.	541 NE 62ND ST, APT 1	
		MIAMI, FL 33138	□Remove
		<del></del>	□Change
AMBR	ROMERO DE CIOTTI, OLPHA I.	541 NE 62ND ST, APT 1	®Add
		MIAMI, FL 33138	□Remove
•			
		<del></del>	□ Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove

## 

	B,,,,,	enter change(s) here: (Attach additional sheets, if necessary.)	
	-		_
			_
			_
			-
			_
			_
			<del>-</del>
			_
	<u> </u>		_
			_
		<del></del>	•
-			_
an effective d	te, if other than the date of date is listed, the date must be spe date inserted in this block do effective date on the Departm	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 does not meet the applicable statutory filing requirements, this date will not be li-	05. <b>0</b> 20 sted a
record speci is filed.	ifies a delayed effective date,	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
ated	APRIL 19	2023	
		THE LOW 23, 2023 18 20 COT,	
_		कारक of a member or authorized representative of a member	
		GINO A. CIOTTI ROMERO	
		GINO A, CIOT IT KOMEKO	

Filing Fee: \$25.00