

# L23000184240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

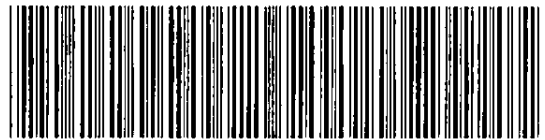
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ILNATIVO  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOMINALE Pamphile  
Name of Person

ILNATIVO  
Firm/Company

23329, Gemston Avenue  
Address

Punta-Gorda, Florida, 33980  
City/State and Zip Code

dominialepamphile@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Pamphile at (941) 380-5018  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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**

IL NATIVO

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 14, 2023 and assigned Florida document number L23000184240

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

IL NATIVO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

23329, Gemston Avenue  
Punta Gorda, Florida, 33980

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23329, Gemston Avenue  
Punta Gorda, Florida, 33980

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Dominald Pamphile

New Registered Office Address:

23329, Gemston Ave, Punta Gorda, FL, 33980  
Enter Florida street address  
Punta Gorda, Florida 33980  
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.*

Pamphile D

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
MGR	Dominold Pamphile	_____	<input checked="" type="checkbox"/> Change
MGR	Dominold Pamphile	23329, Gemston Ave Punta Gorda, FL	<input checked="" type="checkbox"/> Add 33980
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
AMBR	Sabina Bellegarde	23329, Gemston Ave Punta Gorda, FL	<input checked="" type="checkbox"/> Add 33980
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change



**D. If amending any other information, enter change(s) here:** (Attach additional sheets, if necessary.)

I am Dominald Pamphile With last name Pamphile  
With just one(L) no double(LL). If you please  
can make the change so I can keep proceed  
on my way with my business project.

The New name of business owner is Dominald-  
Pamphile with just an(L) like (PAMPHILE).

And With this process I am adding Sibina Bellagard  
And adding Her as my Authorized Member, If  
any need please call me on 941-380-5018  
But, this process most important concern is the spell  
of Pamphile that suppose to have just 1(L) But on the  
The document has 2(LL)

**E. Effective date, if other than the date of filing:** June 1st 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 14, 2023

Pamphile D

Signature of a member or authorized representative of a member

Dominald Pamphile

Type or printed name of signee