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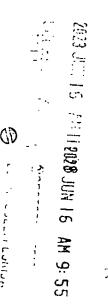
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(60)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/16/23--01001--010 \*\*25.00



## **COVER LETTER**

	of Corporations	
REL	DAELLI MANUELA LLC	
30bJEC1	Name of Limited Liability Compan	ny .
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	MANUELA REDAELLI	
	Name of Perso	on .
	REDAELLI MANUELA LLC	
	Firm/Compan	у
	6207 S WESTSHORE BLVD #6063	20 Sept. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Address	
	TAMPA/FL 33616	$\frac{1}{m}$
	City/State and Zip	Code
	REDAELLIMANUELAPROJECT@GMAIL.C	COM
	E-mail address: (to be used for future a	innual report notification)
For further inform	nation concerning this matter, please call:	် တိ
MANUELA RED	DAELLI 305	3191622
	Name of Person at (	Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
<b>■ \$25.00</b> Filing	Fee S30.00 Filing Fee & S55.00 Filing Certificate of Status Certified Co (additional copy)	py Certificate of Status &
		eet Address: gistration Section
		vision of Corporations
		e Centre of Tallahassee
		15 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDAELLI MANUELA LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 05/05/2023	and assigned
Florida document number L23000223941		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MANUELA REDAELLI LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		0.00
(Principal office address MUST BE A STREET ADDRESS)	-	
<del></del>		·
Enter new mailing address, if applicable:		
τ, τ.		
(Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
No. 10 and annual COC or Address.		
New Registered Office Address:	Enter Florida street address	
	r.	
<del></del>	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furt performance of my duties, and provided for in Chapter 605, F	I I am familiar with and .S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
		or To	□Remove
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			□Add
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9	0 days after filing.	.) Pursuant to 605.03
te: If the date inserted in this block does not meet the applicable statutory filing require ument's effective date on the Department of State's records.	ments, this date	will not be listed
and a serifficial data. I off also have been a serifficially at 12.01	11 6 74 5 7PL	. 00.1 1 .6 .1
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea s filed.	iriier oi: (b) Th	ne 90th day after ti
ed JUNE 16Th 2023		
ed		
//////		
Signature of a member or authorized/representative of a mem	ıber	

Filing Fee: \$25.00