

L23000259 67K

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300423780073

12/12/24--01022--015 \*\*25.00

02/26/24 KH

2024 FEB 12 AM 8:37  
STATE  
TALLAHASSEE, FL

17:57

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAPELETTI SOUTH LLC**

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:

DANIEL MARZANO, ESQ.

Name of Person

COSCULLUELA & MARZANO, P.A.

Firm/Company

14261 COMMERCE WAY, SUITE 205

Address

MIAMI LAKES, FLORIDA 33016

City/State and Zip Code

DMARZANO@CMPALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL MARZANO, ESQ.

305 817-2170  
at ( )

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

FILED  
2021 FEB 12 PM 8:37  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CAPELETTI SOUTH LLC

(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 \_\_\_\_\_ and assigned  
Florida document number L23000259676.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*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>	<u>Address</u>	<u>Type of Action</u>
MGR	VECELLIO & GROGAN INC	450 ROYAL PALM WAY, 2ND FLOOR	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VECELLIO, CHRISTOPHER S	450 ROYAL PALM WAY, 2ND FLOOR	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODOLFO ALVAREZ	8362 Pines Blvd Suite #288,	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SEBASTIAN ALVAREZ	8362 Pines Blvd Suite #288,	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33024	<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

2024 FEB 19 AM 9:37  
STATE

FEB 19 2024

①

10

2024 FEB 12 PM 8:37  
STATE

77  
77  
77  
77  
77

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**