6230026096

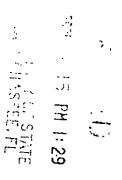
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700433032997

07/16/24~-01008~-024 **25.00



12. HUNT C7/15/-24

COVER LETTER

TO:

TO: Registration S Division of Co			
Peritum El	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Giampaolo Bramante		
		Name of Person	
		Firm/Company	
	286 NW 29th St, Apt 1015	;	
		Address	
	Miami FL 33137		
		City/State and Zip Code	
	gbramante3@gmail.com		
For further information	e-mail address: (concerning this matter, please c	to be used for future annual report notif all:	PH 1: 29 SCEE. FL
Giampaolo Bramante		786 5893892	
Name	of Person	Area Code Daytimo	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 Addre Registration		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peritum LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000260996}{1.23000260996}$.	were filed on $\frac{05/30/2023}{}$	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Giampaolo Bramante LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LEC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	286 NW 29th St, Apt 1015, Miami FL 3313	7
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	286 NW 29th St. Apt 1015, Miami FL 3313	7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name to	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pl., 11	
	Florida	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.

H 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
-	<u></u>		□Add
			⊟Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
		יים יים דו	PHOAdd 2
		<u> </u>	PAdd 7
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

						·		
								
	 -							
 	_							
			,					
			-					-
			-	·			:	
						1		
							 C17	
							PH	<u> </u>
		-				:1107	-	
						FL	: 	
							_	
<u> </u>								
							· · · · · · · · · · · · · · · · · · ·	
Factive date if other than t	ha data of fil	ina:				(antional)		
ffective date, if other than the effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	block does no	ot meet the ap	pplicable st	of filing or m atutory filin	ore than 90 da g requireme	ys after filing.) P nts, this date w	ursuant t ill not be	o 605.02 e listed
e record specifies a delay The 90th day after the re			t not an	effective t	ime, at 12	2:01 a.m. or	n the e	arlier
JULY 11 nted		2024						
IICU	W	_· //	·					
	192 /	/						
	Vim	a member or						_

Filing Fee: \$25.00