123000295887

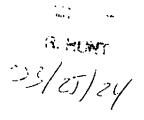
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
<i>(1111</i>) 11		LA PATRIC	IA BUFALA LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DCI	OMINGO DELFINO	
			Name of Person	···-
			Firm/Company	
			1927 NW 79TH AVE	
			Address	
			DORAL FL 33126	
			City/State and Zip Code	
			@salcedogroupcpa.com	
			to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
MARI	NA SALCEDO		305 215-1163 at ()	
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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 S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CIA BUFALA			
(Name of the Lim	ited Liability C (A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)	
The Articles of Organization for this Limited I Torida document number 123000295887	Liability Com	pany were filed on $\frac{03/11/2}{}$	024	_ and assigned
his amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited	liability company here:		
LA PATRIZIA BUFALA LLC				
he new name must be distinguishable and contain the	words "Limited	Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		(44 75
Principal office address MUST BE A STRE		<u></u>		*
			<u> </u>	Çi,
			, , † ; . B., s	7
Enter new mailing address, if applicable:		N/A	. ברד	
Mailing address MAY BE A POST OFFICE	E BOX)		ं हो	7
3. If amending the registered agent and/or gent and/or the new registered office addr		fice address on our recor	ds, <u>enter the name o</u>	f the new regi
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		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>	Name	Address	Type of Action
	N/A		□Add
			□Remove
	N/A	_	□Add
			□Remove
			1 . □Change
		_	—————————————————————————————————————
			Fig. : □ Remove
			□Change
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		- En	2 7
ctive date, if other than the date of filing: $\frac{03/11}{2}$	1/2024	(optional)	
effective date is listed, the date must be specific and cannot be. If the date inserted in this block does not meet the	be prior to date of filing or	more than 90 days after filing.)	
ment's effective date on the Department of State's re		ing requirements, and date w	in not be nated
ord specifies a delayed effective date, but not an effective date.	ctive time, at 12:01 a.n	i. on the earlier of: (b) The	90th day after th
MADOU II			
d MARCH 11			
Signature of a plenty	or authorized representati	ive of a member	

Typed or printed name of signee