123000365335

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2024 APR -1 pm 4: 56

COVER LETTER

Division of Cor	porations	•	,
ELEMENTS BOX	gozzi Housi Name of Lim	nd.LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		_	
Please return all correspo	ndence concerning this matter	to the following:	
	Cynthi	A Bagozzi Name of Person	
	<u>Bagozzi</u>	Housing, LLC	<u>. </u>
	151 Lew	field Cir	
	Winter P	ark, FL 32792 City/State and Zip Code	<u>. </u>
	Chagozzi	0412@gmail.co	m
For further information e	oncerning this matter, please ca	all:	
Cynthia	Bagozzi	at (407) 752 - Area Code Daytim	1848
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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		Street Address:	orion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Bagozzi Hou	sing,	LLC	2024 A	PR -1 pm 4: 56
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on cliability Company)	our records.)	
Bagozzi Hou (Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number 123000365	oility Company	were filed on 8/	312023	and assigned
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of the Bagozzi Built, LL. The new name must be distinguishable and contain the work			ation "LLC" or the c	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)	,		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address	-	ddress on our recor	ds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Cyn	thia Ba Lewfield Enter Florida st	90221	
New Registered Office Address:	151	Lewfield Enter Florida st	CITCIC root address	
				32792 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.

Unthica Bagoyy If Changing Registered Agent. Signature of New Registered Agent

<u> </u>	Business Purpose: The purpose of this
<u> </u>	imited liability company is to engage in
	any lawful activity for which a
	_imited Liability Company may be
	organized as per the laws of the state
	of Florida.
~	
_	
	
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	e date, if other than the date of filing: (optional)
f	tive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
'n	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl
9	Oth day after the record is filed.
	March 25 .2024
	Eignature of a member or authorized representative of a member
	(MANICE STADEN)
	Signature of a member or authorized representative of a member