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COVER LETTER

	Registration So Division of Co			
SUBJEC"		TRATTORIA, LLC		
SUBJEC	·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	ırn all correspo	ondence concerning this matter	to the following:	
		ANTHONY VULTAGGIO)	
			Name of Person	
		AUGY'S TRATTORIA, I	J.C	
		V- C881	Firm/Company	
		4073 NW 2ND LANE		
			Address	
		DELRAY BEACH, FL 33	445	
		. ,	City/State and Zip Code	
		vulta6654@comeast.net		
		E-mail address: (to be used for future annual report no	otification)
For further	r information c	oncerning this matter, please c	all:	
ANTHON	NY VULTAGG	HO.	954 592-9827 at ()	
_	Name o	f Person		ime Telephone Number
Enclosed i	s a check for th	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)
	Lailing Addres		Street Address:	action
	egistration solvision of C		Registration S Division of Co	
P	.O. Box 632	7	The Centre of	
T	allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUGY'S TRAITORIA, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our record: Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000443297	were filed on	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:	
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:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rı.	orida
	Cuy	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 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>	Address	Type of Action
MGR	ROSANNA VULTAGGIO	1696 SE 4TH STREET DEERFIELD BEACH, FL33441	🗆 Add
			□Change
			□Add
			□ Remove
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Effective date, if other f an effective date is listed, the Note: If the date inserted document's effective date	ne date must be specific an l in this block does not (d cannot be prior to meet the applicab	date of filing or more	than 90 days after filir	ig.) Pursuant to 605.0207
	d effective date, but no	t an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
d is filed.		. 2024			
e record specifies a delaye d is filed. APRIL 7 Dated	Signature of a	·	red representative of a	ımember	