

L24000036173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

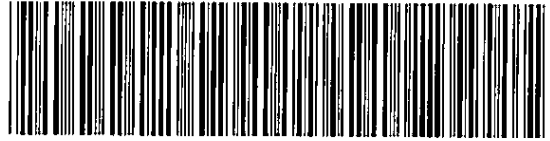
(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: ANTHONY DICOSIMO, 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:

Anthony DiCosimo
Name of Person

Firm/Company

4110 2nd Ave S
Address

St. Petersburg, FL 33711
City/State and Zip Code

ajdicosimo@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Anthony DiCosimo at (727) 755-1622
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

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

ANTHONY DICOSIMO, 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 01/18/2024 and assigned Florida document number L24000036173.

This amendment is submitted to amend the following:

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

The DiCosimo Group, LLC

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:

3637 N, 4th St N Ste 100, St. Petersburg, FL 33704

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3637 N, 4th St N Ste 100, St. Petersburg, FL 33704

(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:

3637 N, 4th St N Ste 100, 33704

Enter Florida street address

St. Petersburg

City

Florida

33704

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

