L24000036173

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COVER LETTER

TO:

Registration Section

Division of C	orporations		
ANTHO	NY DICOSIMO, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	Anthony DiCosimo		
		Name of Person	
		Firm/Company	
	4110 2nd Ave S		· •
	-	Address	. :
	St. Petersburg, FL 337	711	
		City/State and Zip Code	
	ajdicosimo@gmail.com	(1) Land (1)	
For further information	concerning this matter, please c	(to be used for future annual report notification all:	デ
Anthony DiCosimo		at (⁷²⁷) 755-1622	
Name	of Person	Area Code Daytime Telep	thone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
=	Corporations	Division of Corporati	ions
P.O. Box 63		The Centre of Tallaha	assec
Tallahassee,	FL 32314	2415 N. Monroe Stre	et. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTHONY DICOSIMO, LLC				
(Name of the Lii	nited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company	y were filed on	01/18/2024	and assigned
Florida document number L24000036173	·			
This amendment is submitted to amend the fe	ollowing:			
A. If amending name, enter the new name	of the limited lial	bility company he	ere:	
The DiCosimo Group, LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the d	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appl	3637 N, 4th St	N Ste 100, St. Petersbur	g, FL 33704	
(Principal office address MUST BE A STRE	EET ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC.	E BOX)	3637 N, 4th St	N Ste 100, St. Peters	burg, FL 33704
				
				,
B. If amending the registered agent and/or agent and/or the new registered office add		address on our r	ecords, enter the nan	ne of the new regis
			<u> </u>	
Name of New Registered Agent:			-11	
New Registered Office Address:	3637 N, 4th S	t N Ste 100, 3370	4	တ တ
		Enter Flor	rida street address	
	St. Petersburg	<u> </u>	, Florida	33704
		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>	<u>Name</u>	Address	Type of Action
-			□Add
			□Remove
			🗆 Change
			□ Add
			□Remove
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			⊕ □Remove ⊕ □Change
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ffective date, if other an effective date is listed, ote: If the date inserted ocument's effective da	, the date must be specified in this block does	fic and cannot be pr not meet the app	licable statutory	or more than 90 day	(optional) 's after filing.) ts. this date	Pursuant to 605,020 will not be listed a
e record specifies a The 90th day afte	a delayed effecti er the record is f	ive date, but i iled.	not an effectiv	ve time, at 12	:01 a.m. d	on the earlier (
ared July	30		<u>y</u> .			