## C1240000440

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 178LO SOLUTIONS 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:
STEFANO RIGHLI  Name of Person
ITALO SOLUTIONS LLC Firm/Company
60 NE 14 <sup>TH</sup> ST, # 1123
MIAMI, FL, 33 132  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEFANO RIGHT at 561, 897 - 2209 5  Name of Person Area Code Daytime Telephone Number
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  STEFANO RIGHT at 561 897 - 22 097 5  Name of Person  Area Code Daytime Telephone Number 75 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 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



March 21, 2024

STEFANO RIGHI ITALOSOLUTIONS LLC 21221 SAN SIMEON WAY #209 N MIAMI BEACH, FL 33179

SUBJECT: ITALOSOLUTIONS LLC

Ref. Number: L24000044093

We have received your document for ITALOSOLUTIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 224A00006116

Diane Cushing Operations Manager A

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I		77
The Articles of Organization for this Limited Liability Company Florida document number <u>L Z40000 440</u> 93	y were filed on 01/23/2024 and also	nigned T
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	bility company here:	. 42
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC" or the abbreviation "L 60 NB 14 <sup>TH</sup> ST, # · MIAMI, FL, 33137	1173
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	60 NE 14TH ST, #1	1123
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the ne	w registered
Name of New Registered Agent:		
New Registered Office Address:	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>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	RIGHI STEFANO	60 NE 14THST, # 1123 MIAMI, FL, 33132	Avqq
		MIANI , FL, 33152	□Remove
			Change
MGR	MERIGHI FRANCA	21221 SAN SIMON WAY, #7 N.M. BEACH, FL, 33179	<u>7.09</u> ⊡Add
			Remove
			☐ Change
			□Add
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			□ Change
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			□Remove
			□ Change
			□ Add
			Remove
			Change
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			🗆 Remove
			□ Change

m am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
ord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	06/09/2024
	Signature of a member or authorized representative of a member
	STOFANO RIGHI

Filing Fee: \$25.00