

L24000085005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

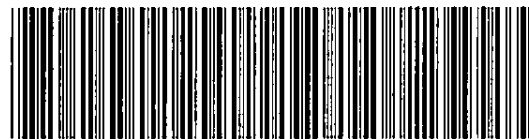
(Document Number)

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2024 MAR 18 AM 9:57
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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DATE: 03/18/2024

NAME: MLS FAMILY HOMES LLC

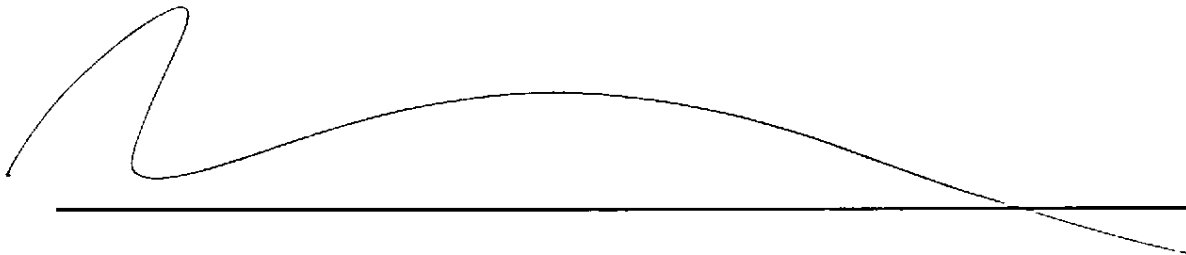
TYPE OF FILING: AMENDMENT

COST: 60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

MLS Family Homes LLC

SUBJECT: _____
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:

Alexander Bonavita

Name of Person

Firm/Company

PO Box 610511

Address

Bayside, New York 11361

City/State and Zip Code

Alexbonavitamail@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Bonavita

917 903-0321

Name of Person

at (_____) _____

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

FILED

2024 MAR 18 AM 9:58

MLS FAMILY HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 16, 2024 and assigned
Florida document number L24000085005

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GIA ANN BONAVITA	214-26 41ST AVENUE, SUITE 201 LITTLE NECK, NEW YORK 11362	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL LAUCELLA	54-40 LITTLE NECK PARKWAY, APT 3G LITTLE NECK, NEW YORK 11362	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RALPH LAUCELLA JR.	27561 E LAKEVIEW DRIVE AURORA, CO 80016	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	LAUCELLA FAMILY TRUST		<input type="checkbox"/> Add
		5424 BROWVALE LANE LITTLE NECK, NY 11362	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AS NOTED ABOVE, PLEASE REMOVE LAUCELLA FAMILY TRUST FROM THE ARTICLES OF ORGANIZATION.

AS NOTED ABOVE, PLEASE ADD GIA ANN BONAVIDA, MICHAEL LAUCELLA AND RALPH A LAUCELLA AS AUTHORIZED MEMBERS.

**PLEASE ALSO BE AWARE THAT AN AMENDMENT WAS SENT IN TO YOUR OFFICE VIA UPS.

**IT WAS RECEIVED BY YOUR OFFICE ON MARCH 01, 2024. THAT AMENDMENT REFLECTS

**THE SAME CHANGES IN THIS AMENDMENT. IT IS IDENTICAL. PLEASE DISREGARD THAT

**AMENDMENT WHEN IT COMES UP IN LINE. THANK YOU.

2024 MAR 18 AM 9:58
STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

MARCH 15

2024

Dated _____

Signature of a member or authorized representative of a member

ALEXANDER BONAVIDA

Typed or printed name of signee

Filing Fee: \$25.00