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| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MAMMARELLI MANA   | SEMENT, LLC  |
|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | SEMENT, LLC  ny as it now appears on our records.)  Liability Company)                         |
| The Articles of Organization for this Limited Liability Company Florida document number                             | were filed on $4/17/2024$ and assigned   |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | ility company here:  |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or the abbreviation "L.L.C."                               |
| Enter new principal offices address, if applicable:   | 1380 MASSEY ST   |
| (Principal office address MUST BE A STREET ADDRESS)   | NAPLES FL 34/20: 2   |
| Enter new mailing address, if applicable:   | 1380 MASSEY ST  NAPLES FL 34/20: N  23273 E. EL DORADO AVE.                                    |
| (Mailing address MAY BE A POST OFFICE BOX)  | BONITA SPRINGS FL 3434   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | 23273 E. EL DORADO AVE.  BONITA SPRINGS FL. 3434  5. 5. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. |
| 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.

### **COVER LETTER**

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TO: Registration Section

| Division of Corporations        |  |   |   |
|---------------------------------|--|---|---|
| Ma                              | MMANDELLE WALL                               | INCEMENT 11C  |   |
| SUBJECT:                        | Name of Lim                                  | MAGEMENT , LLC ited Liability Company                               |   |
|                                 |  |   |   |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo      | ondence concerning this matter               | to the following:   |   |
|                                 | J <sub>A</sub> 50                            | Name of Person  |   |
|                                 | ***  | Name of Person  |   |
|                                 | MAMMA  | RELLE MANAGEMENT<br>Firm/Company                                    | T, LLC  |
|                                 |  | r irm/Company   |   |
|                                 | 1190 247                                     | H AVE NE  |   |
|                                 |  | Address   |   |
|                                 | NAPLES , F                                   | City/State and Zip Code   | ·   |
|                                 |  |   |   |
|                                 | E-mail address: (                            | VAPLESFL (S) OUTLOO<br>to be used for future annual report not      | pk.Comification)  |
| For further information c       | oncerning this matter, please c              | all:  |   |
| JASON MA                        | AMMA-RELLI                                   | at ( <u>754</u> ) <u>581 -</u><br>Area Code Daytin                  | 2294  |
| Name o                          | f Person                                     | Area Code Daytin  | ne Telephone Number   |
| Enclosed is a check for the     | ne following amount:                         |   |   |
| tX \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                  |  | Street Address:   |   |
| Registration S<br>Division of C |  | Registration Se<br>Division of Co                                   |   |
| P.O. Box 632                    | -  | The Centre of   |   |
| Tallahassee. l                  |  |   | oe Street, Suite 810  |

Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                          | Type of Action |
|--------------|-----------------|----------------------------------|----------------|
| M6R          | JAMIE MAMMAREUI | 1190 24THAVE NE NARESFL<br>34120 | □Add           |
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| Effecti                  | e date, if other than the date of filing:  |
| (If an effe              | ctive 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to not seffective date on the Department of State's records. |
| he record<br>ord is file | 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 d.  |
| Dated_                   | JWE 6 . 2024.  |
|                          |  |
|                          | Signature of a member or authorized representative of a member   |
|                          |  |
|                          | TASON MAMMARELLE Typed or printed name of signee   |

Filing Fee: \$25.00

# **AFFIDAVIT**

The State of Florida

County of Collier

I, Jason Mammarelli, am creating this Affidavit to request the removal of Jamie Mammarelli as Manager for Mammarelli Management LLC. I Jason Mammarelli am 100% owner of Mammarelli Management LLC and Jamie Mammarelli has had no past, current or future authority to act on behalf of Mammarelli Management LLC. Please remove Jamie Mammarelli from the Article of Organization immediately.

Signed

JASON MAMMARELLE COUNTE

Printed Name and Title

Notary

