

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L24000198644

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000169958 3)))



H240001699583ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FORSYTH & BRUGGER, P.A.
Account Number : I20040000147
Phone : (239)263-6000
Fax Number : (239)263-6757

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jbrugger@forsythbrugger.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1417 GIAVENO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2024 MAY 10 AM 11:40
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY 10 PM 4:09

H24000169958

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1417 Giavento LLC, a Florida Limited Liability Company

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:

John N. Brugger

Name of Person

Forsyth & Brugger P.A.

Firm/Company

600 5th Avenue, South, Ste 207

Address

Naples, FL 34102

City/State and Zip Code

Jbrugger@forsythbrugger.com

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

For further information concerning this matter, please call:

John N. Brugger

239

263-6000

at (_____) _____

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

H24000169858

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1417 Giaveno, LLC, a Florida Limited Liability Company

(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 May 2nd and assigned
Florida document number L24000198644.

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

H24000169958 3

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

I am here to correct the last name of two of the managers.

The correct last name is Ustian, please update the last name on the managers Ramona and Daniel to

Ramona Ustian and Daniel Ustian.

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.

Dated May 10th 2024

Signature of a member or authorized representative of a member

John N. Brugger

Typed or printed name of signer