L24000220905

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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COVER LETTER

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CHD IFOT.		ntique Mall Ile		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		Emanuel N pesco		
		-	Name of Person	
		Florida's Antique Mall llc		
			Firm/Company	
		6190 S Sunway Point		
			Address	
		Floral City Florida 34436		
			City/State and Zip Code	
		33mallboss@gmail.com	(to be used for future annual report notification)	
For further i	nformation c	oncerning this matter, please c	·	
Emanuel Pe	sco		352 461 3030 at ()	
	Name o	î Person	Area Code Daytime Telephone N	umber
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
	iling Addres		Street Address:	, 50 1 1 1 1
Registration Section Division of Corporations			Registration Section Division of Corporations	1 1 2
Р.0	D. Box 632	7	The Centre of Tallahassee	; a.o.
Tallahassee, FL 32314			2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida's Antique Mall Ile (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 $\frac{5/13/2024}{1}$ _____ and assigned Florida document number 1.24000220905 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 "LLC." Emanuel N Pesco Co Owner Enter new principal offices address, if applicable: 61900S Sunway Point (Principal office address MUST BE A STREET ADDRESS) Floral City Fl 34436 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

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.

_____. Florida ____

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
AMBR	Emanuel N Pesco	6190 S Sunway Point Floral City Fl 34436	= Add
			□Remove
			□ Change
			□ Add
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Effective date, if other th	han the date of f	iling:			(optiona	l)	
f an effective date is listed, the Note: If the date inserted i	date must be specific in this block does r	e and cannot be plot meet the apr	rior to date of filing	g or more than 90 c filing requirem	days after filir	g.) Pursuant te will not l	to 605,0207 se listed as
document's effective date of							, , , , , , , , , , , , , , , , , , , ,
record specifies a delayed of is filed.	effective date, but	not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b)	The 90th da	y after the
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8/29/2024 Dated							- (
Dated 8/29/2024			<u>ラ</u> ・				,
Dated 8/29/2024	niusil	176) out				;
Dated 8/29/2024	M. M. Signature o	of a member or a	uthorized represen	ntative of a memb	er		,