

L24000458996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

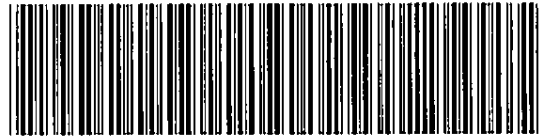
(Business Entity Name)

(Document Number)

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RECORDS & HISTORY  
TALLAHASSEE, FL

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PRESUTT ENTERPRISES, 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:

MARIO PRESUTTI  
Name of Person  
PRESUTT ENTERPRISES, LLC  
Firm/Company  
3242 TRINITY CIR  
Address  
FORT PIERCE, FL 34945  
City/State and Zip Code  
PRESUTTI98@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO PRESUTTI at (772) 204-5901  
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

RECEIVED  
STATE  
TALLAHASSEE, FL  
DEC 29 PM 3:50

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PRESUTT ENTERPRISES, LLC

(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 OCTOBER 29, 2024 and assigned Florida document number L24000458996.

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*

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**

NOV 1 2024 3:30 PM  
TELETYPE UNIT  
51

**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>
MGR	MARIO PRESUTTI	3242 TRINITY CIR FORT PIERCE, FL 34945	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ISABELLE PRESUTTI	3242 TRINITY CIR FORT PIERCE, FL 34945	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ISABELLE PRESUTTI		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 1000 PENNSYLVANIA AVENUE  
 TALLAHASSEE, FL 32310-0000  
 (904) 412-1000  
 www.floridarevenue.com





**Department of the Treasury  
Internal Revenue Service  
4800 BUFORD HIGHWAY  
CHAMBLEE, GA, 30341**

In reply refer to: 0448727615  
9/25/2024 LTR 147C

PRESUTT ENTERPRISES  
MARIO PRESUTTI MBR  
3242 TRINITY CIR  
FORT PIERCE, FL 34945-5715-421

Employer Identification Number: 99-4612077

Dear Taxpayer:

Thank you for your inquiry of 9/25/2024.

Your Employer Identification Number (EIN) is 99-4612077.  
Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,  
MS Hickey  
1004474610  
CSR

INTERNAL REVENUE SERVICE



FAX TRANSMISSION  
Cover Sheet

Date: September 25, 2024

To: \_\_\_\_\_

Address/Organization: \_\_\_\_\_

Fax Number: (772) 465-5098 Office Number: \_\_\_\_\_

From: Hickey Lollie C

Address/Organization: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Number of pages:  *Including cover page*

Subject: 147C\_354.PDF

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