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## **COVER LETTER**

TO:

**Registration Section** 

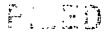
Tallahassee, FL 32314

Divi	ision of Cor	porations		
ėmonezėr.	Realtor Joc			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Joseph A. Fiore Jr		
			Name of Person	
		Joe Fiore, LLC		
			Firm/Company	
		13456 Coluccio Street		
		181	Address	
		Venice, Florida, 34293		
City/State and Zip Code				
		shark2@atmc.net	,	
		E-mail address: (	to be used for future annual report notification)	
For further in	iformation c	oncerning this matter, please ca	all:	
Joe Fiore			910 712-2886 at ()	
	Name o	f Person	Area Code Daytime Telephon	e Number
Enclosed is a	check for tl	he following amount:		
□ \$25,00 F	filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section	
Div	ision of C	Corporations	Division of Corporation	
P.O	<ol> <li>Box 632</li> </ol>	.7	The Centre of Tallahass	ee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2025 APR 23 AM 7: LO

Realtor Joe, LLC:

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

(A Florida document number LASOO 137944

This amendment is submitted to amend the following:

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

Joe Fiore, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Enter Florida street	t address
 	Florida Zw 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>	Address	Type of Action
MGR	Maryann E. Fiore	13456 Coluccio Street Venice, Florida 34293	<b>≅</b> Add
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			IlChange
			□Add
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ocum	ent s'effective da	e on the Departm	ent of State's re	coras.			
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ated _	April 22	<del></del>	· 2025	$\rightarrow$ $\sim$			
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Typed or printed name of signee