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ĭo:

Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 432 VERONA AVE LLC

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K. SALY

FEB 1 4 2020

COVER LETTER

TO: Registration So Division of Con			
432 VERO	NA AVE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Erik Treutlein		
Name of Person			
	Legalzoom.com, Inc.		
Firm/Company			
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
	vincent_gangi@yahoo.com	City/State and Zip Code	
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For further information c	concerning this matter, please ca		
Erik Treutlein		800 773-0888 at ()	
Name e	rl'Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



432 VERONA AVE 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 $\frac{01/21/2025}{1}$ and assigned Florida document number 1.25000037269 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 "Lumited Enability 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____. Florida ____

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:

LegelZoom.com, Inc

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Gangi, Vincent	3 Hawthorne St S. # B	■ Add
		Z1	B 7000
		Greenwich, CT 06831	□ Remove
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			DAdd Remove Change
			Change
			- GAdd To
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	Page: 6 of 6	2025-02-13 08:19 45 PST	LegalZoom.com, Inc.	From Melanie
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{1 1	an effective date is listed, the date must b	ite of filing: e specific and cannot be prior to date of filin	(optional) ng or more than 90 days after filing.) Pursuant to	605.0207 (31(b)
<u> </u>	<u>Note:</u> If the date inserted in this block locument's effective date on the Department.	c does not meet the applicable statutor	y filing requirements, this date will not be l	listed as the
u	ocument's effective date on the Depa	nument (it State 8 records.		
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(b)	e record specifies a delayed of The 90th day after the recor	mective bate, but not an effect d is filed.	tive time, at 12:01 a.m. on the ea	ineror.
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L.V	Pated February 12th	2025		
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	/S/ Carmela A Gai	ngi		
	Sı	gnature of a member or authorized represe	ntative of a member	
	Community Commit			
	Carmela A Gangi	Typed or printed name of sig		

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