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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moreno Sue Company LLC
Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
19 DEC 23 AM 9:26

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Collon
Name of Person
Green and Kahn, P.L.
Firm/Company
317 71 STREET
Address
Miami Beach FL 33141
City/State and Zip Code
robandai@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Andai at (305) 775-2500
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

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

19 DEC 23 AM 9:26
FILED IN PUBLIC RECORDS
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Moreno Sur Company 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 2/12/2010 and assigned
Florida document number L10000016495.

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 "L.L.C." 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

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>
AMBR	Cristina Fittipaldi	8877 COLLINS AVE, Unit 606	<input type="checkbox"/> Add
		Surfside, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cristina Fittipaldi	8877 COLLINS AVE, Unit 606	<input checked="" type="checkbox"/> Add
		Surfside, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Diego Emiliano Fittipaldi	8877 COLLINS AVE, Unit 606	<input checked="" type="checkbox"/> Add
		Surfside, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

12/10/2019

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.

Dated 12/10/, 2019

Franklin C. Co.
Signature of a member

Signature of a member or authorized representative of a member

Cristina Graciela Fittipaldi

Typed or printed name of signee

Filing Fee: \$25.00