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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : U\$ TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

nall	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RONCETTI, LLC.,

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ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION OF RONCETTI, LLC.

The Articles of Organization for this Florida Limited Liability Company were filed on 09/27/2010 and assigned Florida document number: L10000100800

Article I	
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 Codesignation "LLC" or the abbreviation "L.L.C."	ompany," the
Article I)	
Enter new principal offices address, if applicable:	# #
(Principal office address MUST BE A STREET ADDRESS)	
5401 S KIRKMAN RD STE 241, ORLANDO FL 32819	
Enter new mailing address, if applicable:	

Article IV

5401 S KIRKMAN RD STE 241, ORLANDO FL 32819

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:

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

Thereby 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 505, 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 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

Title Name Address Type of Action

C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED:

Signature of a member or authorized representative of a member

Samuel Vargas Roncetti /AMBR Typed or printed name of signee