Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone

: (407)370-3686

Fax Number

: (407)370-3120

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

Email Address: mayra @ larsonacc. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERR FML, LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$25.00

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Corporate Filing Menu

S. ROBERTS Help

MAY 2 3 2023

Page: 05/23/2023 10:19 AM TO:18506176383 FROM: 4073703120 COVER LETTER TQ: Registration Section Division of Corporations HERR FML, LLC SUBJECT: 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: MAYRA CHAGAS Name of Person INTERNATIONAL DIVISION BY LARSON LLC Firm/Company 7901 KINGSPOINTE PKWYSTE 15 Address ORLANDO City/State and Zip Code MAYRA@LARSONACC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAYRA CHAGAS Name of Person 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 Street Address: Registration Section Division of Corporations The Centre of Tallahassee Page: 3 05/23/2023 10:19 AM TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERR FML, LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as It now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited	Liability Company	were filed on 06/28/201	2 and	assigned
Florida document number L12000085233	·			
This amendment is submitted to amend the following	lowing;			
A. If amending name, enter the new name	of the limited liai	oility company here:		
he new name must be distinguishable and contain the			on "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if appli	N/A	· · · · · · · · · · · · · · · · · · ·	102	
Principal office address MUST BE A STRE	ET ADDRESS)			=======================================
				- : - : : : : : : : : : : : : : : : : :
				ယ
Inter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
				ယ
3. If amending the registered agent and/or gent and/or the new registered office address.	registered office ss here:	address on our records	, enter the name of the	new regis
Name of New Registered Agent:	N/A			<u> </u>
New Registered Office Address:	N/A			
		Enter Florida stree	et address	
		· <u></u> -	, Florida	
		City	Zip Co	de

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

r K

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.

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4 .05/23/2023 10:19 AM TO:18506176383 FROM:4073703120

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>	Name	Address	Type of Action
AMBR	HERR, ELENO	2295 S. Hiawassee Rd. Suite 211	□ Add
		ORLANDO, FL 32835	≅Remove
			Change
			□ Add
			□Remove
			□Change
<u></u>			
			□Remove
			□Change
			
			□ Remove
			□ Change
			
			□ Remove
			Change
			□Add
			□ Remove
			Change

Pag	e:	5 .	05/23/2023	10:19 AM	TO:18506176383	FROM: 4073703120
Participant of the second	D. I	f amendi N/A	ng any other int	formation, enter cl	nange(s) here: (Attach addi	itional sheets, if necessary.)
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86. 26.						
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*** *** **	E. Ei	ffective d	ate, if other than	n the date of filing:	05/23/2023	(optional)
# 6 H	(lf : <u>N</u>	an effective ote: If the	date is listed, the date date inserted in the	te must be specific and o	cannot be prior to date of filing or the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(1 ng requirements, this date will not be listed as the
	If the record	record spe is filed.	cifies a delayed efi	fective date, but not a	in effective time, at 12:01 a.in.	on the earlier of: (b) The 90th day after the
	Da	o5/2:	}	······································	2023	
		-		Signature of a m	mber or authorized representative	g e of a member
		(GEORGE WILLIA			· · · · · · · · · · · · · · · · · · ·
		_		Т	yped or printed name of signee	

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