TO:18506176383 FROM:4073703120 Page: 2 11/28/2023 13:48 PM

11/28/23, 1:21 PM

Division of Corporations

Note: Please p in 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 : (407)370-3686 : (407)370-3120

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

Email Address:_

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

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COVER LETTER

TO: Registration Secundary Division of Corp			
HERŘFML	LLC		
SUBJECT:	Name of Lim	ited Linbility Company	
	mendment and fee(s) are sub	•	
	CAROLINE LARSON		
		Name of Person	
	LARSON ACCOUNTING	i GR O UP	
		Firm/Company	
	7901 KINGSPOINTE PK	WY SUITE 15	
		Address	
	ORLANDO. FL, 32819		
		City/State and Zip Code	
	MAYRA@LARSONACC	COM to be used for future annual report not	(Charles)
For further information co-	ncerning this matter, please co	·	nicanion)
CAROLINE LARSON		407 370-3686	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 (udditional 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERR FML LLC			
(Name of the Lim	ted Liability Com (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L12000085233</u>	iability Compan	y were filed on <u>06/28/2012</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applications	cable:	N/A	.
(Principal office address MUST BE A STRE)	ET ADDRESS)		
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE	BOX)	N/A	·····
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office	e address on our records, enter th	ne name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:			3 5
		Enter Florida street address	<u></u>
		, Flori	ida
		City	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

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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	<u>Name</u>	Address	Type of Action
1 **	AMBR	Cleber Barbosa da Silva	2295 S. HIAWASSEE ROAD	
			Suite 211	□Remove
ĥ			Orlando, FL, 32835	□Change
				□Remove
				□Change
				□Add
				□Remove
e H F				Change
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.			-	□Remove
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□ Change

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