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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: Silvio b. T. Quol . Com. br



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5372 DIPLOMAT COURT, 104 LLC

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	Div	ision of Cor	porations				•	
		5372 DIPL	• • • • • • • • • • • • • • • • • • • •	URT, 104 LLC				
SUB	JECT:	<del>ĕ</del>	<u> </u>	Name of	Limited Liability Compar	ıy	· · · · · · · · · · · · · · · · · · ·	<del></del>
The	enclosed	l Articles of	Amendmer	nt and fee(s) are	submitted for filing.			
Pleas	se return	all correspo	ndence cor	cerning this ma	tter to the following:			
			SILVIC	D BARONE JUI	NIOR			
					Name of Perso	n		
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			Firm/Company					
			5372 DIPLOMAT COURT, UNIT 104					
				· ·	Address			
			KISSIN	1MEE, FL 3474	6			
			City/State and Zip Code					
			SILVIO	BJ@UOL.COM				
					s: (to be used for future a	nnual re	port notificati	on)
For f	urther in	oformation co	oncerning t	his matter, pleas	e call:			
SILV	/IO.BJ@	JUOL.COM	.BR		407 at (	370-1	3686	
		Name of	Person	· <u> </u>	Area Code	-/	Daytime Tel	ephone Number
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Registration Section Division of Corporations			Registration Section Division of Corporations					
Division of Corporations P.O. Box 6327			The Centre of Tallahacces					

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Page: 3, 05/1/2024 13:56 PM TO:18506176383 FROM:4073703120

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5372 DIPLOMAT COURT 104 LLC					
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	<del></del>			
The Articles of Organization for this Limited Liability Con Florida document number L15000003861	npany were filed on 01/07/2015	and assigned			
Piorida document number	•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limiter	d liability company here:				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	·				
(Principal office address MUST BE A STREET ADDRES	SS)				
		20			
Enter new mailing address, if applicable:	<del></del>	2:-			
(Mailing address MAY BE A POST OFFICE BOX)	*** · · · · · · · · · · · · · · · · · ·	=======================================			
		PH			
B. If amending the registered agent and/or registered o	office address on our records, enter th	e name of the new registe			
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
<u></u>	, Flori				
	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.

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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	Name	Address	Type of Action
MANAG	CAROLINE LARSON	7901 KINGSPOINTE PKWY STE 17	
		ORLANDO. FL 32819	
			□Change
	<del></del>		□Add
		-	□Remove
		·	□Change
<del></del>			🗀 Add
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			□Change
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			□Remove
			Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_ MAY IST Signature of a member or authorized representative of a member MANAGER Typed or printed name of signee

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