

Sep. 10. 2024 1:29PM  
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Division of Corporations

No. 8989 P. 1

L16000043537

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6383

From:

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HYLLION ENTERPRISE LLC

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Corporate Filing Menu

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K. SALY

SEP 11 2024

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2024 SEP 10 AM 2:56

TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
HYLLION ENTERPRISE LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 03/02/2016 and assigned Florida document number: L16000043537

Article I

- 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 "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

14532 ORCHID ISLAND DR., ORLANDO, FL, 32827

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

14532 ORCHID ISLAND DR., ORLANDO, FL, 32827

Article IV

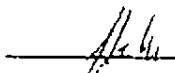
- B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Glauco Gelli

New Registered Office Address: 14532 orchid Island Dr., Orlando, FL, 32827

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

Title	Name	Address	Type of Action
AMBR	YURI EBERT GELLI	14532 ORCHID ISLAND DR	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32837	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	INGRID EBERT GELLI	14532 ORCHID ISLAND DR	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32837	ADD <input checked="" type="checkbox"/>

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

PLEASE CHANGE THE ADDRESS OF MEMBERS GLAUCO GELLI AND KELLY T CT T GELLI BOTH TO: 14532 ORCHID ISLAND DR, ORLANFO FL 32837

E. 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: 09/05/2024

*Glauco*  
Signature of a member or authorized representative of a member

GLAUCO GELLI / AMBR  
Typed or printed name of signee

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FALLAH 301-1076

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