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To:

Division of Corporations

Fax Number : (650)517-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : 120130000017 Phone : (305)340-2000

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORLANDI, LLC

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COVER LETTER

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SHR IFCT	MORLANI		
SUBJECT	·	Name of Lim	ited Liability Company
The enclos	ed Articles of .	Amendment and fec(s) are sub-	mitted for filling.
Please retu	rn all correspo	ndence concerning this matter	to the following:
		ALEX ORTIZ, CPA	
			Name of Person
		E ALEX ORTIZ, CPA. PA	
			Firm/Company
		2727 PONCE DE LEON E	BLVD
			Address
		CORAL GABLES, FL 33	134
		ALEXA ALEXABITIZADA	City/State and Zip Code
		ALEX@ALEXORTIZCPA E-mail address: (to be used for fitture annual report notification)
For further	information c	oncerning this matter, please c	all:
ALEX OF	RTIZ. CPA		305 340-2000 at ()
-	Name o	f Person	Area Code Daytime Telephone Number
Enclosed i	s a check for th	ne following amount:	
■ \$25.00	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Aailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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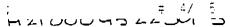
MORLANDI, LLC

(Name of the Limited Linbili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	FLORIDE and assented
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on 04/27/2016	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the n	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		Zip Code
	Ciņ·	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



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>	<u>Name</u>	Address	Type of Action
MGR	MORELL ORLANDIS, FAUSTO	218 SAN SEBASTIAN AVE	🗀 Add
		CORAL GABLES, FL 33134	≣Remove
			□Change
AMBR	MORELL ORLANDIS, FAUSTO	11222 WORLEY AVE	≅Add
		ORLANDO, FL 32837	□Remove
			□Change
		<u> </u>	□Add
			□Remove
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Signature of a member or authorized representative of a member	m _E	AM IO:	[T
11/23/2021 : and Minele	LLAHASSI	121 NOV 23	
	he 90th day after		
ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	;.) Pursuant to 605	.0207 (3 Kt ed as the))
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