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To:

Division of Corporations

Fax Number : (850)617-6383

دوده-۱۲۵(مره) ښ

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969

Phone : (407)674-8959 Fax Number : (407)674-8970

\*\*Enter the email address for this business entity to be used for futures.

annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMNOTRESTATE/CORRECT OR M/MG RESIGN HM MORETTO HOLDING GROUP LLC

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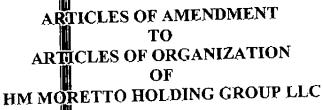
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2017 NOV 27 AM 11: 14

SECRETARY OF STATE
TALLAHASSEE. FLORION

The Articles of Organization for this Florida Limited Liability Company were filed on 11.

The Articles of Organization for this Florida Limited Liability Company were med on
11/08/2017 and assigned Florida document number.
161
Florida document number: L17000231220.
FIN Number: 32-0546831 ·
Article I
case the Hability company here:
A. If amending name, enter the new name of the limited liability company here:
i .
the words "Limited Liability Company," the
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
designation "LLC" of the apple viation "LLC".
Article II
Article
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)
(Principal office address MOS) BE ASSIDER TO THE ASSIDER TO THE ASSIDER TO THE ASSISTED TO THE
if applicable:
Enter new mailing address, if applicable: (Mailing address MAY BE) 4 POST OFFICE BOX)
(Mailing address MAI BEIN 1051 011100 at 1)
Article IV
· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on our records, enter
B. If amending the registered agent and/or registered office address here: the name of the new registered agent and/or the new registered office address here:
the hance of the new cognition
Name of New Registered Agent:
I TAILUD OF FROM THE SECOND OF
New Registered Office Address:
MI M
New Registered Agent's Signature, if changing Registered Agent:
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations
of the position.
I A if changing
Signature of New Registered Agent, if changing
<b>II</b>

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

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

WE KINDLY ASK YOU TO REVIEW THE NAME OF AMBR HELDER AZEAS MORETTO, FOR HELDER AREAS MORETTO.

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: November 27,

Signature of a member of authorized representative of a member

DANILO SANTANA

Typed or printed name of signet