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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060

Phone

: (407)674-8969

Fax Number

: (407)674-8970

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| -mail | Address: |  |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HM MORETTO HOLDING GROUP LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF HM MORETTO HOLDING GROUP LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>11/08/2017</u> and assigned Florida document number: L17000231220

| assigned Florida document humber. E17000251220  |                 |
|---|-----------------|
| 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," to designation "LLC" or the abbreviation "L.L.C."   | ne              |
| Article IJ  |                 |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |                 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                 |
| Article IV  |                 |
| B. If amending the registered agent and/or registered office address on our records, enter name of the new registered agent and/or the new registered office address here:  | he              |
| Name of New Registered Agent:   |                 |
| New Registered Office Address:  |                 |
| 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 comwith the provisions of all statutes relative to the proper and complete performance of my duties, and I am fewith and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, If document is being filed to merely reflect a change in the registered office address, I hereby confirm that the liability company has been notified in writing of this change. | ımiliar<br>this |
|   | ···· (          |

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  | AREAS MORETTO, HELDER | 602 WISTERIA CT       | REMOVE         |  |  |  |
|   |                       | CELEBRATION, FL 34747 | ADD [          |  |  |  |
| C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |                       |                       |                |  |  |  |
|   | <u> </u>              |                       |                |  |  |  |

D. 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: 14/21 2023

Michelli Carvalho Moretto / AMBR

HELDER AREAS MORETTO / AMBR