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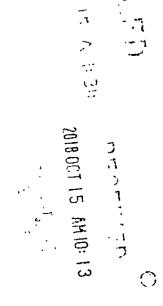
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COVER LETTER

CA BOX L JBJECT:	LC			
	Name of Lim	ited Liability Company		
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
ease return all correspo	ondence concerning this matter	to the following:		
	JULIA KIM			
	MOMENTUM TAX ACC	Name of Person OUNTING & CONSULTING LLC		
	6996 PIAZZA GRANDE A	Firm/Company AVE# 202		
		Address		
	ORLANDO, FL 32835	City/State and Zip Code		. 7
	RA@MOMENTUMTAC.C E-mail address: (COM to be used for future annual report notif	fication)	;
or further information c	concerning this matter, please co	aH:		 1
ALMERINDO DE PAL	MA	407 680-7595 at ()		. ,
Name o	of Person	Area Code Daytim	e Telephone Number	12
inclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa		<u> </u>
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	<u>is.</u>)
he Articles of Organization for this Limited Liability Company lorida document number L18000014541	were filed on 01/16/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	O" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	761 S KIRKMAN RD	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32811	
nter new mailing address, if applicable:	761 S KIRKMAN RD ORLANDO, FL 32811	
Mailing address MAY BE A POST OFFICE BOX)	OKEANDO, LE 32011	<u> </u>
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		ls, enter the name of the
Name of New Registered Agent:	 	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addre	
		lorida
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

.. amenuing 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
AMBR	FAIR BUDGETING AND CIVIL CONST. SRVS LLC	997 WEST KENNEDY BLVD UNIT 25 SUITE I	□ Add
		ORLANDO, FL 32810	
			■ Remove
			Change
AR	MARCELO M BRAGANCA	997 WEST KENNEDY BLVD UNIT 25 SUITE 1	
		ORLANDO, FL 32810	L Aut
			■ Remove
			Change
-			
			□ Remove
			☐ Change
	 		
			□ Remove
			☐ Change
			→ □ Add
	·		□ Remove
			☐ Change
	-		
			Remove
			Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fi	(optional) =
e: If the date inserted in this block does not meet the applicable statute ment's effective date on the Department of State's records.	ory filing requirements, this date will not be liste
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlie
ne 90th day after the record is filed.	salve anney de 12.01 unin on the culti
OCTOBER 10 2018	
ed OCTOBER TO	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00