Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC Account Number : I20160000067 Phone : (487)370-3686 Fax Number : (407)370-3120 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. •• Email Address: WW LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOURSELF LLC Certificate of Status 0 0 Certified Copy Page Count 04 \$25.00 Estimated Charge

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09/9/2020 08:52 AM TO:18506176383 FROM:5615375904 Page: COVER LETTER TO: Registration Section **Division of Corporations** YOURSELF LLC SUBJECT: \_\_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CAROLINE LARSON Name of Person LARSON ACCOUNTING GROUP Firm/Company 7901 KINGSPOINTE PKWY STE 17 Address ORLANDO FL 32819 City/State and Zip Code CONSULTINGJULIANA@LARSONACC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 3703686 EDUARDO PECORARI BARICELLI Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee,
 Certificate of Status &
 Certified Copy
 (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Page: 3 09/9/2020 08:52 AM TO:18506176383 FROM:5615375904

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered.		YOURSI	ELF LLC			
A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  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:  New Registered Office Address:	(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.}		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  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:  New Registered Office Address:	_		were filed on <u>98/16/2018</u>		and assigned	
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Name of New Registered Agent:  New Registered Office Address:			address on our recor	ds, <u>enter the name</u>	of the new registere	
New Registered Office Address:  Enter Florida street address	Name of New Registered Agent:	N/A				
Enter Florida street address	New Registered Office Address:					
			Enter Florida s	areet address		
, Florida				Florida		
City Zip Code			City		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

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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	DI VENERE BARICELLI, RENAT	8323 LOOKOUT POINTE DRIVE	
		WINDERMERE, FL 34786	■Remove
	V		□ Add
			Remove
			□Change
			□Add
		Change	
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DI VENERE BARICELLI, RENATA - FULL NAME E. Effective date, if other than the date of filing: \_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_ SEPTEMBER 03rd 2020 Signature of a member or authorized representative of a member EDUARDO PECORARI BARICELLI Typed or printed name of signee

Filing Fee: \$25.00

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