

3/16/22, 8:56 AM

Division of Corporations

Florida Department of State
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 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : COMPANY COMBO, LLC
 Account Number : I20160000033
 Phone : (866)428-2030
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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.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HUTER DER HOCHSTEN LIEBE, LLC**

Certificate of Status	0
Certified Copy	0
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2022 MAR 16 AM 9:57
 2022 MAR 16 AM 9:48
 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

**T. LEMIEUX
 MAR 18 2022**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUTER DER HOCHSTEN LIEBE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2020 and assigned Florida document number L20000037206.

This amendment is submitted to amend the following:

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," the designation "LLC" or the abbreviation "L.L.C."

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:

Enter Florida street address

Florida

City

FILED
2022 MAR 16 AM 9:48
STATE OF FLORIDA
ALLAHABAD SEF
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Andre Luiz Medeiros Fonseca	Rua Érico Veríssimo 281	<input checked="" type="checkbox"/> Add
		Salvador, BA 41815-340 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Raissa Tinoco Gabrielli	Rua Érico Veríssimo 281,	<input checked="" type="checkbox"/> Add
		Salvador, BA 41815-340 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marcos Belmiro Reis da Silva	Alameda Praia de Garapua, 119	<input checked="" type="checkbox"/> Add
		Cond. Angra dos Reis Casa 47	<input type="checkbox"/> Remove
		Stella Maris, Salvador BA 41600-090 BR	<input type="checkbox"/> Change
AMBR	JULIMAR FONSECA	RUA ERICO VERIÁSSIMO, 281, AP 903	<input type="checkbox"/> Add
		SALVADOR, BA 41850-080 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

