## L20000059174

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CLIDIC CT	MORETO	'S SERVICE, LLC							
SUBJECT:	Name of Lim	ted Liability Company							
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.							
Please return all correspo	ndence concerning this matter	to the following:							
		Name of Person							
	LEGIT	CONSULTING SERVICE	S LLC						
	<del></del>	Firm/Company							
	6735 (	CONROY WINDERMERI	ERD 233						
		Address							
		City/State and Zip Code		202 3() 1					
	E-mail address: (	2020 AUG T SECRETAR TALLAH							
For further information e	oncerning this matter, please ca		,port notification,	AHAS 	e Aniges <del>Vilias</del> } !***********************************				
FABIANA DE	BARROS	407 285 at ()	22 90						
Name of	f Person	Area Code	Daytime Telephone	Number					
Enclosed is a check for th	ne following amount:								
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) C	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)					
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Division	dress: tion Section of Corporations tre of Tallahasse						
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MORETO'S SE	ERVICE, LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )					
he Articles of Organization for this Limited I lorida document number L20000059174	iability Company	were filed on 02/21/2020	and assigned					
nis amendment is submitted to amend the fol	lowing:							
. If amending name, enter the new name o	of the limited liab	oility company here:						
/A								
e new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."					
nter new principal offices address, if appli	cable:	9712 MIA CIRCLE						
rincipal office address MUST BE A STRE		2409						
		ORLANDO, FL 32819						
nter new mailing address, if applicable:		9712 MIA CIRCLE	2020 AUG SEGRUA TALLA					
failing address MAY BE A POST OFFICE	(BOX)	2409	<u> </u>					
	·	ORLANDO, FL 32819						
. If amending the registered agent and/or		address on our records, enter						
ent and/or the new registered office addre	ess here:		39					
Name of New Registered Agent:	N/A							
New Registered Office Address:	N/A							
		Enter Florida street address	s					
			orida					
		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

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
AMBR	DUARTE MORETO, FERNANDO	9712 MIA CIRCLE, 2409	□Add
		ORLANDO, FL 32819	□Remove
			= Change
AMBR	DE SOUZA PAIVA, BRENDA	9712 MIA CIRCLE, 2409	□Add
		ORLANDO, FL 32819	
			□Add
			Remove    Color   Colo
			© □ Andd □ O
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<b>ctive d</b> effective	ate, if ot	<b>her than th</b> ed. the date m	e date of fi ust be specific	ling: and c	annot be p	rior to date	of filing	or more	than 90 d	_ <mark>(optio</mark> avs after t	nal) iling.) Pursi	iant to 605
<u>≥:</u> If the	e date inso	erted in this b	block does no	ot me	et the app	olicable s	tatutory	filing re	equireme	nts, this	date will n	ot be list
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ord spe filed.	cifies a de	Hayed effects	ive date, but	not a	n effectiv	e time, at	t 12:01 i	a.m. on	the earlie	r ot: (b)	The 90th	i day afte
·d		AUGUST /	10		2020							
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				1	Dorol	1						
-			Signature o	fame	mber or a	uthorized	represen	tative of	a member	•		
			=	1								

Filing Fee: \$25.00