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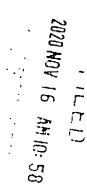
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## COVER LETTER

TO:

Registration Section Division of Corporations

| Liitto, LLC                                  |  | ė   | e e e e e e e e e e e e e e e e e e e  |
|--|--|---|--|
| SUBJECT:                                     | Name of Limi                                 | ited Liability Company  | ·  |
| The enclosed Articles of                     | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspo                   | ondence concerning this matter               | to the following:   |  |
|  | Fabiana Pouso                                |   |  |
|  |  | Name of Person  |  |
|  | Litto, LLC.                                  |   |  |
|  |  | Firm/Company  | <del></del>  |
|  | 489 State Road 436, Suite                    | 117   |  |
|  | · <del>-</del>                               | Address   |  |
|  | Casselberry, FL 32707                        |   |  |
|  | <del></del>                                  | City/State and Zip Code   | <del> </del>   |
|  | fabiana@goliitto.com                         |   |  |
|  | E-mail address: (t                           | to be used for future annual report not                             | ification)   |
| For further information c                    | oncerning this matter, please ca             | ill:  |  |
| Justin Manor                                 |  | 407 6813836   |  |
| Name o                                       | f Person                                     | Area Code Daytin  | ne Telephone Number  |
| Enclosed is a check for the                  | he 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 S Division of C | Section<br>Corporations                      | Street Address:<br>Registration Se<br>Division of Co                | rporations   |
| P.O. Box 632<br>Tallahassee, I               |  | The Centre of 2415 N. Monro   | Fallahassee<br>oe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Liitto, LLC.   |   |  |
|--|---|--|
| (Name of the Lim   | ited Liability Company as it now ar<br>(A Florida Limited Liability Compa | opears on our records.)<br>ny)                   |
| The Articles of Organization for this Limited I Florida document number 1.20000074951  | Liability Company were filed or   | and assigne                                      |
| This amendment is submitted to amend the fol   | lowing:   |  |
| A. If amending name, enter the new name  | of the limited liability compan   | <u>y here</u> :                                  |
| The new name must be distinguishable and contain the                                   | words "Limited Liability Company,"  | the designation "LLC" or the abbreviation "ELC." |
| Enter new principal offices address, if appli  |   |  |
| (Principal office address MUST BE A STRE   | ET ADDRESS)   | <u> </u>   |
| Enter new mailing address, if applicable:  |   | AH ID: 58  |
| (Mailing address MAY BE A POST OFFICE  | <u></u>   |  |
| B. If amending the registered agent and/or agent and/or the new registered office addr | 3   | ur records, <u>enter the name of the new reg</u> |
| Name of New Registered Agent:  | Justin R. Manor   |  |
| New Registered Office Address:   | 489 State Road 436, Suite 11  | 7  |
|  | Enter   | Florida street address                           |
|  | Casselberry   | Florida FL 32707                                 |
|  | 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                           | Address   | Type of Act          |
|--------------|---------------------------------------|---|----------------------|
| MGR          | Fabiana Pouso                         | 489 State Road 436, Suite 117, Casselberry FL 32707 | <b>=</b> Add         |
|              |                                       |   | _ □Remove            |
|              |                                       | <del></del>   | _ □Change            |
| MGR          | Sherry L. Manor                       | 1210 Shady Lane Dr., Orlando FL 32804               | _ 🗆 Add              |
|              |                                       |   | 2020<br>Remove       |
|              |                                       |   | Chafige              |
|              |                                       | <br>-   | PPYG E               |
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|  | ing responsibility as Registered Agent   |
|--|--|
| Fabiana Pouso will be assumin  | ng responsibility as Authorized Person, MGR  |
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| fan effective date is listed, the date must lead to the Mote: If the date inserted in this block document's effective date on the Department of the factor of the detailed and the department of the factor of the detailed and the detailed of the factor of the detailed of the factor o | partment of State's records.   |
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Filing Fee: \$25.00