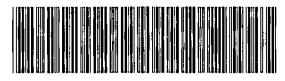
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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TO: Registration Section

Division of Cor	porations				
E4 FAMIL	Y LLC				
SUBJECT:	Name of Lim	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:			
	ENRICO ANDERS				
		Name of Person			
	XP TAX & ACCOUNTIN	G SERVICES LLC			
		Firm/Company			
6236 KINGSPOINTE PKWY SUITE 1					
		Address			
	ORLANDO, FL 32819				
		City/State and Zip Code			
	CONTACT@XPTAX.COM				
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
ENRICO ANDERS		407 530-0007 at ()			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for th	ne 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 Addres	s:	Street Address:			
Registration S	Section	Registration Section			
Division of C	•	Division of Corporations			
P.O. Box 632		The Centre of			
Tallahassee, l	「しつ4314	Z415 N. MONT	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E4 FAMILY LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 10/23/2020	and assigned
lorida document number 1.20000337127		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2020
		0
		;
inter new mailing address, if applicable:		n iti
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
Maining aguress MAT BE A FOST OFFICE BOXY		ံ ယူ
		<u>.</u>
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r torida sirvet adaress	
<u></u>	, Floric	
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	MORAIS DE ALMEIDA, ELIASE	6236 KINGSPOINTE PKWY SUITE 1	🗆 🗖 Add
		ORLANDO, FL 32819	■Remove
			□Change
AMBR	M DE ALMEIDA, ELIASIBE	6236 KINGSPOINTE PKWY SUITE I	= Add
		ORLANDO, FL 32819	□Remove
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an effective of the state of th	date, if other the re date is listed, the d the date inserted in 's effective date on	ate must be speci this block does	fic and cannot be not meet the a	prior to date of pplicable statt			filing.) Pursuant to	
	d specifies a de Ith day after th			t not an eff	fective time	at 12:01 a	.m, on the ea	arlier d
ated	05 NOVEMBER		· \ \frac{2020}{}	1				
		Signature	of a member or	authorized ren	resentative of a	nember		-
		Signature						

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