## L2100060(130

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SECRETARY OF STATE
TALLAHASSEE, FL

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## **COVER LETTER**

Divisio	n of Corp	porations				
	ALUS 3H	,LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed Ar	rticles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspoi	ndence concerning this matter	to the following:			
		JEAN PEREIRA				
			Name of Person			
		INFINITY TAX AND BU	SINESS SOLUTIONS LLC			
		<del></del>	Firm/Company			
		2411 SAND LAKE RD, S	UITE C			
			Address		TI SEC	2024
		ORLANDO, FL, 32809			CRETARY OF STAT	2024 NOV 19
			City/State and Zip Code	<del></del>	45	19
		JEAN@TAXSERVICESIN			188 0 A	₽
		E-mail address: (	to be used for future annual report noti	fication)	E S	±-
For further infor	mation co	oncerning this matter, please co	all:		FI.	PH 4: 25
JEAN PEREIR	А		508 796-5030 at ( )		LL)	
	Name of	Person		e Telephone Number	_	
Enclosed is a ch	eck for th	e following amount:				
□ <b>\$</b> 25.00 Filir		☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing If Certificate of S Certified Copy (additional copy is	Status &	
Regist	g Address tration S		Street Address: Registration Sec Division of Cor			

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALUS 3H, LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our reconnability Company)	r(ls.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000060630</u>	were filed on <u>02/03/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>ente</u>	SECRETARY registered TALLAHARY registered r the name of the new F STATE
		111
New Registered Office Address:	Enter Florida street address 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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, o rovided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

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
MGR	DONASCIMENTO COSTA, POLIANA GARCIA	790 SAINT ALBANS DR. BOCA RATON, FL. 33486	□Add
			=Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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			(Thomas

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D. If ame	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
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F F 604		in an American D	TATE
(li an effe <u>Note:</u>	ve date, if other than the date of filective date is listed, the date must be specific. If the date inserted in this block does not ent's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pure of meet the applicable statutory filing requirements, this date will	suant to 605.0207 (3)(b)
If the record record is fil-		not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	h day after the
Dated _	NOVEMBER 12TH	2024	
	Marcelo Costa	f a member or authorized representative of a member	
		i a memoer or aumorized representative of a memoer	
	MARCELO COSTA SOARES	Typed or printed name of signee	

Filing Fee: \$25.00