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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor				
		NATURALS LEC			
SUBJEC	(°T:	Name of Lim	ited I iability Company)		······································
The encl	losed Articles of	Amendment and feets) are sub	mitted for filling.		
		ndence concerning this matter			
		NADEGE PEAUTEAU			
			Name of Person		
		O'CHEVE NATURALS I.	LC		
		A	Lirni Company		
		22812 SW 88TH PLACE			
			Address		
		CUTLER BAY, FL 33190			
		NPEAUTEAU@ YAHOO.			
For furtl	her information c	F-mail address: t oncerning this matter, please c	to be used for future annual all:	report notifical	(ion)
NADEC	GE PEAUTEAU		754 20-		
	Name o	f Person	at () Area Code	Daytime 1x	lephone Number
Enclosed	d is a check for th	ne following amount:			
□ \$25	0.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy caldinoid copy is enc		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632	Section Torporations	Divisio	<u>idress:</u> ation Section of Corpo ntre of Tall	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O CHEVE NATURALS LLC		
(Name of the Limited Liability Compa (A Florida Functed	ins as it now appears on our records Liability Company)	<u>~</u>)
The Articles of Organization for this Limited Liability Company florida document number £21000532394	were filed on <u>4-29-2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MONETA TAX LLC		
the new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC"	or the abbreviation "L.I. C"
Enter new principal offices address, if applicable:	22812 SW 88TH PLACE	207
Principal office address MUST BE A STREET ADDRESS	CUTLER BAY, FL 33190	<u> </u>
Enter new mailing address, if applicable:	22812 SW 881H PLACE	8 PH III
Mailing address MAY BE A POST OFFICE BOX)	CUTLER BAY, FL 33190	
Studing damess MAT DEST OFFICE DOLO		π ω
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>)	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street autress	
		orida ————————————————————————————————————

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	Type of Action
			IChange
			□Remove
			[]Change
			TAdd
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ective date, if other than the effective date is listed, the date in serted in this ument's effective date on the	block does not me	et the applicabl	iate of filing or mo e statutory filing	re than 90 days ari requirements, th	er illing) Pursuant to 602 nis date will not be list	5.020 ted t
cord specifies a delayed effects filed	tive date, but not a	n effective time	, at 12:01 a.m. e	n the earlier of.	(b) The 90th day afte	er th
ed JUNE 12		2024				
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	Signature of a mo		A Francisco	d'a mande a		