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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193

Phone

: (407)552-7903

Fax Number

: (407)449-2348

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: INFO@CLAUDIALIMATAX.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A&H 1 LLC

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<u>23.7.2024</u> 11:39:04

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			COVER LETTER	
	gistration Se ision of Cor			
SUBJECT:	A&H I LLO	g		
SUBJECT		Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CLAUDIA GIRALDELLI	LIMA	
			Name of Person	
		CLAUDIA LIMA TAX &	ACCOUNTING LLC	
			Firm/Company	-
		9100 CONROY WINDER	MERE RD STE 200 OFFICE 241	
			Address	
		WINDERMERE, FL 3478	6	
			City/State and Zip Code	
		INFO@CLAUDIALIMAT	AX.COM to be used for future annual report noti	ticulian)
For further in	nformation c	oncerning this matter, please c		Teatron,
CLAUDIA 1	JIMA		407 552-7903	
	Name of		Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 f	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	11 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Maj	iling Addres	<u>s:</u>	<u>Street Address:</u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

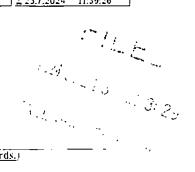
FAX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ()F



A&H LLC

(<u>Name of the Limited Liability Comp</u> a (λ Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000237237	were filed on 05/23/2022 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:
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	17845 WOODCERST WAY
(Principal office address MUST BE A STREET ADDRESS)	CLERMONT, FL 347)4
Enter new mailing address, if applicable:	17845 WOODCERST WAY
(Mailing address MAY BE A POST OFFICE BOX)	CLERMONT, FL 34714
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cav 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.

	_			
FAX	营 +14074492348	<u> </u>	<u> </u>	23.7.2024 11:39:57

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	ADEL BARDER	10195 BAY PINE BLVD	_
		SAINT PETERSBURG, FL 33708	
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record s	pecifies a delayed effect	live date, but n	ot an effectiv	e time, at 12:	01-2.m. on t	ne earlier of	: (b) The	: 90th c	day after	r th
11	LY 22ND		2024							

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Filing Fee: \$25.00

Typed or printed name of signee