## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

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

Email Address: MAYLA @ LARSON ACC. COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FONTOURA HERBON PARTNERS LLC

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Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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## **COVER LETTER**

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SUBJECT	FORTOUR	RA HERBON PARTNERS LL	С	
577 <b>03</b> 501.		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		CAROLINE LARSON		
			Name of Person	
		INTERNATIONAL DIVI	SION BY LARSON LLC	
			Firm/Company	<del></del>
		7901 KINGSPOINTE PK	WY STE 15	
			Address	<del></del>
		ORLANDO, FL 32819		
		<del> </del>	City/State and Zip Code	
		mayra@larsonacc.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further in	nformation o	oncerning this matter, please co	all:	
CAROLINE	LARSON		407 370-3686	
	Name o	f Person		: Telephone Number
Enclosed is a	check for th	se following amount:		
<b>■ \$</b> 25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 12/21/2022 03:24 PM TO:18506176383 FROM:4073703120 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** FORTOURA HERBON PARTNERS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/24/2022 and assigned Florida document number L22000241589 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FONTOURA HERBON PARTNERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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

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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
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			□Remove
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	to the party of the		,
D. If amo	inding any other information, entempthange(s) here: (Attach additional sheets, if i S/A AMII: 27	recessary	.)
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E. Effecti (If an effe Note: docume	the date, if other than the date of filing:  (of ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a lift he date inserted in this block does not meet the applicable statutory filing requirements, and seffective date on the Department of State's records.	otional) flerifiling.) I this date w	  Pursuant to 605.0  villinot be listed
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The	90th day after t
Dated	DECEMBER 20th 2022		
	Signature of a member or authorized representative of a member	<del> </del>	
	RONY F. DE HERBON PEREZ		

Filing Fee: \$25.00