

5/31/2024 1:09PM

Division of Corporations

No. 7346 P. 1

L2300060501
Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6383

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Account Name : US TAX CONSULTING INC
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPACCACERRI LLC**

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T. LEMIEUX

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2024 MAY 31 PM 4:15

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

STATE OF FLORIDA

2024 MAY 31 PM 1:23

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
SPACCACERRI LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 02/01/2023 and assigned Florida document number: L23000080501

Article I

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

**Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

Article IV

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:

Name of New Registered Agent: ANDERSON F FARIAS

New Registered Office Address: 2352 BEAR PEAK RD. MINEOLA FL 34715

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. This document is being filed to merely reflect a change in the registered office address. I hereby confirm that all interested parties have been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent:

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CLERK OF STATE

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	Name	Address	Type of Action
-------	------	---------	----------------

C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

KINDLY CHANGE THE TITLES OF MEMBERS ANDERSON FARIAS and EGIDIO SPACHICELLI FROM MGR TO AMBR.

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: MAY 31, 2024



Signature of a member or authorized representative of a member

ANDERSON FARIAS / AMBR

Typed or printed name of signee