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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING ELC

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

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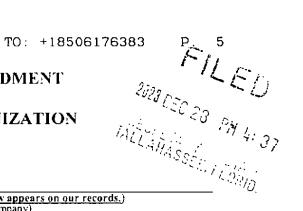
COVER LETTER

TO: Registration So Division of Cor					
	RLANDO SERVICES LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CLAUDIA LIMA				
	Name of Person				
	CLAUDIA LIMA TAX & ACCOUNTING LLC				
Firm/Company					
	2546 AULD SCOT BLVD				
	Address				
	OCOEE, FL 34761				
	·	City/State and Zip Code			
	INFO@CLAUDIALIMAT.				
	E-mail address: (to be used for future annual report notific	cation)		
For further information of	concerning this matter, please c	all:			
CLAUDIA LIMA		407 552-7903 at ()			
Name of Person			Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$ 25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration Division of C	Section	Street Address: Registration Sect Division of Corp			
P.O. Box 6327		The Centre of Ta	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

12/28/2023 12:09 PM FROM: +14074492348

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



ALL IN ORLANDO SERVICES 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 Florida document number <u>L23000075404</u>	were filed on <u>02/10/2</u>	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		rds, enter the name of the new registered
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this cape performance of my provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

TO: +18506176383

P. 6

12/28/2023 - 12:09 PM FROM: +14074492348

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
AMBR	THIAGO DE CARVALHO	6900 DELLA DR UNIT 19	□Add
		ORLANDO, FL 32819	■Remove
		•	□Change
<u>AMBR</u>	DANIELE P CUPERTINO DE CA	6900 DELLA DR UNIT 19	
		ORLANDO, FL 32819	■Remove
			□Change
			□Add
			□Remove
			Rehange T
			<u>S</u> □Add □
			Dremove C
			□ Change
			□Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			□Change

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Filing Fee: \$25.00

Typed or printed name of signee