TO:18506176383 FROM:4073703120 Page: : 1 . 12/18/2023 09:34 AM

12/18/23, 9:26 AM Division of Corporations Florida Department of State

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To:

Division of Corporations Far humber : (850)617-6383

Account hame: LARSON ACCOUNTING AND CONSULTING SERVICES ELC Account humber: 120160000067
Phone: (407)370-3686
Far humber: (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.

teas1 Address: assistant2.larson@larsonacc.com

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T. LEMIEUX DEC 19 2023 Page: 2 12/18/2023 09:34 AM TO:18506176383 FROM:4073703120 (((H23000429489 3)))

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION

OF

\	ed Linbility Company as it now (A Florida Limited Liability Con	npany)	
The Articles of Organization for this Limited L	ability Company were filed	on 05/26/2023	and assigned
lorida document number 1.23000259444			
This amendment is submitted to amend the follo			
. If amending name, enter the new name o	the limited liability comp	any here:	
he new name must be distinguishable and contain the v	ords "Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
	<u>-</u>		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
		n our records, enter the n	e.,
If amending the registered agent and/or i	egistered office address or	i our records, criter the it	ime of the new regi
3. If amending the registered agent and/or in gent and/or the new registered office addre	egistered office address of ss here:	n our records, enter the w	ime of the new regi
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3. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address of ss here:	a our records, <u>enter the vi</u>	ame of the new regi
gent and/or the new registered office addre	ss here:		ame of the new regi
gent and/or the new registered office addre	ss here:	nier Florida street uddress	ame of the new regi
Name of New Registered Agent:	ss here:		Zip Code
Name of New Registered Agent: New Registered Office Address:	ss here:	nier Florida street uddress	, , , , , , , , , , , , , , , , , , ,
gent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	SS here: E Cay Registered Agent;	înter Florida street uddress Florida	Zip Code
	Cny Registered Agent; ed agent and agree to act per and complete performe istered agent as provided registered office address.	inter Florida street address Florida in this capacity. I further ance of my duties, and I a for in Chapter 603, F.S. (Zip Code agree to comply wi in familiar with and Or, if this document

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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>	Name	Address	Type of Action
MGR	ADLANE BRAGA S FIALHO	4619 SOUTH KIRKMAN ROAD APT 10206	
		ORLANDO, FL 32811	□Remove
			Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□ Remove
			DChange
			🗆 Add
			□Remove
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			🗆 Add
			Remove
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			Change

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the record specific cord is filed.	s a delayed effective date	, but not an effective tii	ne, at 12:01 a.m. on d	ie earlier of: (b) The 90th	day after the
Dated	IBER 14	2023	_ ·		
_K	ARLO FREDERICA	O CORDEIRO ture of a member or autho	rized representative of a	member	
	•				
KA	RLO F CUNHA CORDE		d name of signee		

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