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.

Electronic Filing Cover Sheet

(((H24000369349 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)527-6617 Fax Number : (786)713-1940

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

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HMM AJU LLC

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# FILED 2024 NOY 12 AM 8: 55 TÄLLAHÄSSEE, FLORIDA

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMM AJ	
(Name of the Limited Liability Compa (A Florida Limited L	ny ny it now apneary on our records,) lability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on 08/16/2023 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 designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10267 BEECHWOOD LN
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32832
Enter new mailing address, if applicable:	10267 BEECHWOOD LN
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, Fl. 32832
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florula झारख वर्तको ट्य
·	, Florida
·= <del>***</del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>

I hereby accept the appoinment 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.

If Changing Registered Agent, Signature of New Registered Agent

## 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
MGR	CASARTELLI DANIELLA A	9507 PECKY CYPRESS WAY	□Add
		ORLANDO, FL 32836	■ Remove
			Change
AMBR	MANTOVANI, RAFAEL ELIASQUEVITCH	10267 BEECHWOOD LN	■Add
		ORI,ANDO, FL 32832	□ Rелюче
			☐ Change
			□ Петюче
			☐Change
	,		□Add
	,		□ Remove
	•		☐ Change
			DAdd
			Remove
			Change
			□Add
			Remove
			Change

#### H24000369349 3

Effective date, if other than the date of filing:  [fan effective date is listed the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.	amending any other information, enter change(s) here: (Anoch additional sheets, if necessary.)	
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o is thea.	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date is filed.	ay after the
Dated OCTOBER 16TH 2024	Dated OCTOBER 16TH 2024	
Signature of a mounter or authorized representative of a member	Signature of a mount of authorized representative of a member	
HUMBERTO LUIS A MENEZES MACEDO	HUMBERTO LUIS A MENEZES MACEDO	