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## **COVER LETTER**

TO:	Registration Se Division of Cor				
CUD IE		afini Consulting LLC			
SUBJEC	JI:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Renata Serafini			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		Renata Serafini Consulting	g LLC		
			Firm/Company		
		12129 SW 5th Ct			SECRET DIVISION C 2023 SEP
		<del></del>	Address	<del></del>	
		Pembroke Pines / FL / 330	025		ARY 0
		<del></del>	City/State and Zip Code	<del></del>	PM 3: 06
		development@renataserafir			3: 06
		E-mail address: (	to be used for future annual report no	tification)	က ကို
For furth	ner information c	oncerning this matter, please c	all:		
Renata S	Serafini		305 4628985		
	Name o	f Person		me Telephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>■ \$2</b> 5.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy
	Mailing Addres Registration S	<del></del> -	Street Address: Registration S	ection	
	Division of C		Division of Co	•	
	P.O. Box 632	2.7	The Centre of	Tallahassee	
	Tallahassee 1	FI 32314	2415 N. Monr	ne Street Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renata Serafini Consulting LLC		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records,)
The Articles of Organization for this Limited L	Liability Company were filed on Au	gust 19, 2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	re:
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		SECRETARY DIVISION OF C 2023 SEP 25
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	937 CF STAT
3. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our ress here:	ecords, enter the name of the new regi
Name of New Registered Agent:	Renata Serafini	
New Registered Office Address:	12129 SW 5th Ct	
	Enter Flor	ida street address
	Pembroke Pines	Florida 33025
	City	Zin 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 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
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an effective date is list ote: If the date inse	ther than the date of ted, the date must be spe- erted in this block do to date on the Departm	cific and cannot be es not meet the a	prior to date of fi pplicable statut	iling or more than 90 cory filing requirem	days after filing.) Fents, this date w	ursuant to 605,020 Il not be listed a
record specifies a do is filed.	elayed effective date,	but not an effect	ive time, at 12:	01 a.m. on the earli	ier of: (b) The	90th day after the
September 19	)	2023				
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	Signate	ure of a member of	authorized repre	sentative of a member	er	

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