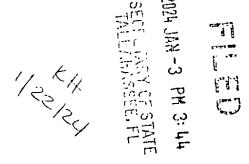


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(Business Entity Name)	
(Document Number)	
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COVER LETTER

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	S LLC		
l:	Name of Lin	nited Liability Company	
		_	
	FERNANDA FIGUEIREI	00	
		Name of Person	
	DOMUS GLOBAL TAX	ADVISORS LLC	
	-	Firm Company	
	15815 SHADDOCK DR S	STE 120	
		Address	
	WINTER GARDEN, FL 3	34787	
	EEDNIANDA GEDONGISCH	City/State and Zip Code	
r information co	neerning this matter, please c	all:	
GARDEN, FL 3	34787	407 3347001	2024 SE
Name of l	Person		SELL SELL SELL SELL SELL SELL SELL SELL
s a check for the	following amount:		CO CO mary mass
0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Copy is enclosed)	not Filing Fee of Street & Filing Copy Historial Copy Historial Copy is enclosed)
	r information col GARDEN, FL	Name of Lines and Articles of Amendment and fee(s) are subtained all correspondence concerning this matter. FERNANDA FIGUEIRED DOMUS GLOBAL TAX 15815 SHADDOCK DR S WINTER GARDEN, FL 3 FERNANDA@DOMUSGI E-mail address: (a) r information concerning this matter, please of GARDEN, FL 34787 Name of Person s a check for the following amount: 0 Filing Fee \$\Bigsir \text{\$30.00 Filing Fee & }\Bigsir}\$	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: FERNANDA FIGUEIREDO Name of Person DOMUS GLOBAL TAX ADVISORS LLC Firm Company 15815 SHADDOCK DR STE 120 Address WINTER GARDEN, FL 34787 City/State and Zip Code FERNANDA@DOMUSGLOBALTAX.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: GARDEN, FL 34787 Name of Person Area Code Daytime Telephone N s a check for the following amount: 0 Filing Fee S30,00 Filing Fee & S55,00 Filing Fee & S60 Certificate of Status Certified Copy (additional copy is enclosed) Certificate Of Status Certificate Of Scatus Certificate Of Status Certificate Of Scatus Certificate Of Scatus

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Co. (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited I Florida document number <u>L23000423327</u>	Liability Compa	any were filed on 09/11/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
N'A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE.	ET ADDRESS	2	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	ن کا ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔
			TE ZH JAN
B. If amending the registered agent and/or agent and/or the new registered office address.		ce address on our records, <u>enter</u>	SIGN I
Name of New Registered Agent:	N/A		3: 44 STATE E. FL
New Registered Office Address:	N/A		
		Enter Florida street addres	KS.
			orida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ASTROMESTIC

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
MGR	SAVIOLI INVESTMENTS LLC	15815 SHADDOCK DR STE 120	□Add
		WINTER GARDEN, FL 34787	■Remove
MGR	SCRA FAMILY LLC	15815 SHADDOCK DR STE 120	≣ Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
			□Add
			□Remove
			☐Change
			SEC JAN Dremover
			PHONING PHONIN
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			□Remove
			□ Change

				
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ctive date, if other than the da	12/29/2023		(option	ESTA.
effective date is listed, the date must be	e specific and cannot be prior	to date of filing or more	than 90 days after fill	ing.) Purstant 10/16)
e: If the date inserted in this block iment's effective date on the Depa	t does not meet the applications and of State's records.	able statutory filing r	equirements, this da	ate will not be lis
•				
ord specifies a delayed effective d	ate, but not an effective ti	me at 12:01 a.m. on	the earlier of: (b)	The 90th day after
filed.				
d DECEMBER 29	2023			
SERGIO WIZ SA	WiOLi			

STATE OF THE PARTY ASSESSED.

Filing Fee: \$25.00