



Office Use Only



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SECRETARY OF STATE TALLAHASSEF, FI

FILED

COVERLETTER

Registration Section

· TO:

Division of Cor	porations		
SUBJECT:	HelloAd	SILLC nited Liability Company	
	Name of Lin	nited 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:	
	\mathcal{C}		
	ver	Name of Person	
) 1		
		ello AG, LLC Firm/Company	
		rimvCompany	
	IIII Brickel	1 BAy Dr. Apt. 2	-306
		Address	
	Mi	ami Fl 3-	3131
		City/Cuite and Zip Code	
	E-mall address	enetierry liv	e.com
For further information a	•	•	ification)
	oncerning this matter, please o		
verar	do Jimenez	at (707) 244 Area Code Daytim	-2515
Name o	f Person	Area Code Daytim	ne Tetephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee &	C Bee oo will be o	
	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres	<u>ıs:</u>	Street Address:	
Registration S	Section	Registration Se	
Division of C P.O. Box 632	orporations 27	Division of Cor The Centre of 1	
Tallahassee, 1			e Street. Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hello	A6, L	LC		
(Name of the Limited Liabilit	V Company as Limited Liabilit	t now appears on	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23 000 462 7</u>		filed on 10/	2023	and assigned
This amendment is submitted to amend the following:	_3. (
A. If amending name, enter the new name of the limi	ited liability o	ompany here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Co	mpany," the design	ation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			~ 20
			TAIL A	Zt JUL TI
Enter new mailing address, if applicable:			5 5	
(Mailing address MAY BE A POST OFFICE BOX)			90. E.J.A	2 <u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office addre	ss on our recor	ds, enter the n	ame of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida s	reet address	
			, Florida	
New Registered Agent's Signature, if changing Registered		Sty		Zip Code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to omplete perfo gent as provid	rmance of my a ded for in Chan	duties, and I a ver 605 E.S. i	m familiar with and
	If Changing 1	Registered Agent, S	Signature of New	Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Nataline Ferreira	IIII Brichell Buy Dr	¼ Add
		Apt. 2306	□ Remove
		111 Brichell Buy Dr Apt. 2306 Mianer, Fl 33131	
			□Add
			□ Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
	•		Change

f amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	ate, if other than the date of filing: date, if other than the date of filing: 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 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
f the record sprecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 28 , 2024
	(Recarb)
	Signature of a member or authorized representative of a member
	berardo Jimenet