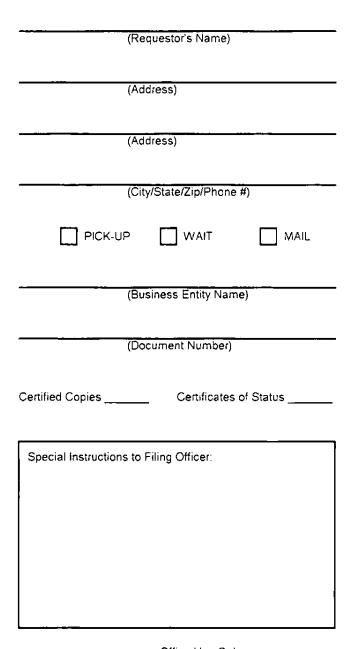
## 124 0000 70823

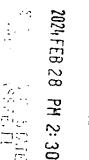


Office Use Only



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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: Don Lusso	Naval Consulting LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Todd Doyle		
		Name of Person	<del></del>
	Moodys Tax		
		Firm/Company	
	c/o 61 Russ Street		
		Address	<del></del>
	Hartford, CT 06106		
		City/State and Zip Code	
	tdoyle@moodystax.com	to be used for future annual report no	-itionia-)
For further information c	oncerning this matter, please c	·	inteation)
Todd Doyle		, 401 \ 585-0583	
Name o	f Person	/	ne Telephone Number
Enclosed is a check for th	ie following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Don Lusso Naval Consulting LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our r lited Liability Company)	ecords.)
he Articles of Organization for this Limited Liability Comp	oany were filed on February 8.	2024 and assigned
lorida document number L24000070823		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Oon Meyers Group LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	2024
		8 2
nter new mailing address, if applicable:		œ <del>re</del> n
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)	<del></del> -	
		<u> </u>
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street a	nddress
		_, Florida
	City	Zip 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 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>	<u>Address</u>	Type of Action
	<del></del>		
			□Remove
			□Change
			□ Add
			Remove
			Change
	<del></del>		□Add
			□Remove
			Change
			□Add
			Remove
		·	□Change
			□Remove
			☐ Change
	-		
			□Remove
			□C'hante

ote: II t	date, if other than the date of filing:
record splis 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
ated	Feb 22/2024
atcu	RSV
	Signature of a member or authorized representative of a member