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2024 FEB 29 PM 1: 03
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
	STMENT OF ORLANDO LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	,		
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	•
	Adriana Munholi		
		Name of Person	
	Premium Consulting and T	ax Services	
		Firm/Company	
	8803 Futures Dr #5b		TALL TALL
		Address	B 29
	Orlando, FL 32819		9 P
	adriana@premiumtaxusa.co	City/State and Zip Code	2024FEB 29 PH 1: 03 SECRETARY OF STATE SECRETARY OF
		to be used for future annual report noti	ification)
For further information	concerning this matter, please ca	all:	•
Adriana Munholi		321 236-0200 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addre</u>	; - :ss:	Street Address:	:
Registration	Section	Registration Se	
Division of G P.O. Box 63	Corporations	Division of Cor The Centre of T	
Tallahassee.			rananassee se Street, Suite 810
		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)		eas it now app ibility Compan	ears on our records.	
The Articles of Organization for this Limited Liabi		rere filed on	02/08/2024	and assigned
This amendment is submitted to amend the following				
. If amending name, enter the new name of th	e limited liabili	ty company	here:	
N/A				
he new name must be distinguishable and contain the word.	s "Limited Liability	y Company." th	ie designation "LLÇ" (
inter new principal offices address, if applicabl	le:	N/A		2074F
Principal office address MUST BE A STREET A	ADDRESS)			THE PER STATE OF THE PE
inter new mailing address, if applicable:		N/A		PROFIE TO
Mailing address MAY BE A POST OFFICE BO	<u> </u>			<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office address h		dress on ou	r records, <u>enter th</u>	ne name of the new register
	N/A			
Name of New Registered Agent:	N/A			-
New Registered Office Address:	N/A	15		
		Enter l	Florida street address	
-			, Flor	ida
		('in.		20.00

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>	Address	Type of Action
SEC	DA SILVA, FERNANDA	8803 FUTURES DR #5B ORLANDO, FL 32819	□Add
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			□Add
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ffective date, if other than effective date is listed, the	date must be specific and	cannot be prior to da	ite of filing or mor	e than 90 days after t	nar) Illing.) Pursuant to 6	05.0207 (3
ote: If the date inserted in ocument's effective date of	in this block does not n on the Department of S	tate's records.	statutory filing	requirements, this	date will not be li	sted as the
record specifies a delayed Lis filed.	l effective date, but not	an effective time.	at 12:01 a.m. or	the earlier of: (b)	The 90th day at	ter the
i is med.		-				
		2024				
atedfebruary, 14			٠.			

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