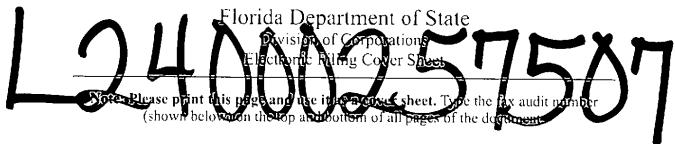
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Division of Corporations



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		To:		<u>س</u> اس	024
			Division of Corporations	ACE.	
			Fax Number : (850)617-6383	17 FT.	007
		From		<b>*</b>	Ŧ
	cm.	12.7	Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC	O T	
	(0)	- 5a	Account Number : I20230000193		- 3€
. 1		可是	Phone : (407)552-7903	mon	
		72.0	Fax Number : (407)449-2348		<del></del>
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	-	بنوات		rn.	9
•	. ••	**Ente	r the email address for this business entity to be used for	r future	
,	-	ر )	annual report mailings. Enter only one email address please	**	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANTOVANI BOOKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

OCT 14 2024

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO: Registration So Division of Cor						
	ANI BOOKING LLC					
SUBJECT:	Name of Lim	ited Liability Company		_		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	CLAUDIA LIMA					
		Name of Person				
	CLAUDIA LIMA TAX &	ACCOUNTING LLC				
		Firm/Company		_		
	9100 CONROY WINDER	MERE RD STE 200 OFFICI	E 241			
		Address			702L	
	WINDERMERE, FL 3478	ő			OCT	4
		City/State and Zip Code	<del></del>		두	i my
	INFO@CLAUDIALIMAT	AX.COM to be used for future annual repo	et notification)	SSEE.	₽	ij,
For further information of	oncerning this matter, please c		A Hottleadow)	STATE	2024 OCT 14 PM 4: 06	(
CLAUDIA LIMA		407 552790 at ()	13	• • •	0.	
Name o	f Person	Area Code E	Daytime Telephone Numb	er		
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	[2] \$55.00 Filling Fee & Certified Copy (additional copy is enclosed	Certifi Certifi	Filing Fee cate of Sta ed Copy nal copy is er	tus &	
Mailing Addres		Street Addre				
Registration : Division of C		Registratio Division of	n Section f Corporations			
P.O. Box 632			of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MANTOVANI BOOKING LLC					
( <u>Name of the Limited Lia</u> (A Flor	bility Company as it rida Limited Liability	t now appears on ou y Company)	r records.)		
he Articles of Organization for this Limited Liability	y Company were	filed on 06/05/202	4	and ass	igned
Florida document number L24000257507	·				
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the li	imited liability c	ompany here:			
he new name must be distinguishable and contain the words "I	Limited Liability Cor	npany," the designation	on "LLC" or the abbrevi	ation "Ll	L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET AD	DRESS)		() 	2024	
				_6	
			22 T	Ē	Lacies ension
Inter new mailing address, if applicable:			တ <u>်</u> တင	_ <del>-</del>	
Mailing address MAY BE A POST OFFICE BOX)			(15) (기상)		
		<del></del>		_ <u>-</u> .	
			<del>11</del> 1	σ	
<ol> <li>If amending the registered agent and/or registe gent and/or the new registered office address here</li> </ol>		ss on our records.	, enter the name of	the new	<u>regist</u>
Name of New Registered Agent:					
New Registered Office Address:				··· - · · · - · -	
		Enter Florida stree	rt address		
_			, Florida		
		íty	Z	p Code	
lew Registered Agent's Signature, if changing Registe	ered Agent:				
ew Registered Agent's Signature, if changing Registe		ity		p Code	

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.

FAX

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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
AMBR	ARLET ALICE RITT	15910 MARINA BAY DR	□Add
		WINTER GARDEN, FL 34787	■Remove
			□ Change
			□Add
			□ Remove
			SEC COLUMN
			HASSEE, FL
			⊟Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			C:Change

Filing Fee: \$25.00

Typed or printed name of signee

LAERCIO MANTOVANI