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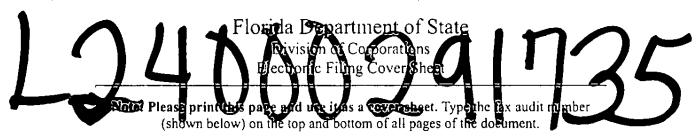
07/30/2024

10:57 AM

TO:18506176383 FROM:4079449857

7/30/24, 10:55 AM

Division of Corporations



(((H24000256363 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ATHENA BUSINESS AND TAX ADVISORS LLC Account Name

Account Number : I20230000123

: (407)777-2501

Phone

Fax Number

: (407)777-2502

Enter the email address for this business entity to be used for future

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABPAR ORLANDO LLC

Certificate of Status	0
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M. SOLOMON

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Tallahassee, FL 32314

## COVER LETTER

TO:18506176383 FROM:4079449857

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration Se Division of Cor					
	RLANDO LLC				
SUBJECT:	Name of Lim	ited Liability Company		· <del></del>	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	ANDREIA GUIMARAES	;			
	110				
	ATHENA BUSINESS AN	ID TAX ADVISORS LLC	:		
Finn/Company					
7680 UNIVERSAL BLVD STE 100					
		Address			
	ORLANDO, FL 32819			CRETARY OF STALE	
		City/State and Zip Code	_		
	manager@athenataxadvisor				
	E-mail address: (	to be used for future annual r	eport notification)		
For further information c	oncerning this matter, please co	all:		20m	
ANDREIA GUIMARAES 407 777-2501					
Name o	f Person	at () Area Code	Daytime Teleph	one Number	
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Ad			
Registration S Division of C		-	tion Section of Corporation	ากร	
P.O. Box 6327		The Centre of Tallahassee			

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABPAR ORLANDO LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	<del></del>		
The Articles of Organization for this Limited Liability Comp.  Florida document number L24000291735	any were filed on <u>06/27/2024</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	ù			
		<b>202</b>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		S A		
		7 3		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the i	(.)		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida	. Florida		
<del></del>	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.

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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>	Name	Address	Type of Action
MGR	ADALBERTO DE C G NETO	13319 SW 42ND CIR	<b>=</b> Add
		OCALA, FL 34473	□Remove
			☐ Change
			□Remove
		□Add	
		□ Remove HAS	
			SAME OF STATE
		□ Remove	
			☐ Change
	·		DAdd
			П <b>Re</b> move
		<del></del>	□Change
			DAdd
			□Remove
			□ <i>(</i> '\

· 2024 JUL 30 PM 1: 35

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_\_\_\_ ROBERTA FERNANDES C CALDARA Typed or printed name of signee

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Page:

Filing Fee: \$25.00