

11/18/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

4200003983493

Note: Please print this page and use it as a cover sheet. Type the fax audit number
 (shown below) on the top and bottom of all pages of the document.

(((H20000398349 3)))



H200003983493ABC5

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: Account Name : GFS TAX & ACCOUNTING SERVICES
 Account Number : I20140000089
 Phone : (754)301-2128
 Fax Number : (954)252-4650

****Enter the email address for this business entity to be used for future
 annual report mailings. Enter only one email address please.****

Email Address: info@gfstaxacct.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 TIHEREZINIA NEUMA MONTEIRO LLC**

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

RECEIVED
 2020 NOV 18 PM 2:09

FILED
 2020 NOV 18 AM 9:12

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

H20000398349 3

**TO: Registration Section
Division of Corporations**

SUBJECT: THEREZINHA NEUMA MONTEIRO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GILVAM F DOS SANTOS
Name of Person

GFS TAX & ACCOUNTING SERVICES
Firm/Company

2001 W CYPRESS CREEK RD STE 102 B
Address

FT LAUDERDALE FL 33309
City/State and Zip Code

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS at (954) 9573244
Name of Person Area Code Daytime 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)

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H20000398349 3

THEREZINHA NEUMA MONTEIRO LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/24/2012 and assigned Florida document number L12000026886

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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)

Form with horizontal lines for address entry and a vertical stamp: 2020 NOV 18 AM 9:12 FILED

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Form with lines for agent name and office address, including labels for City, Florida, and 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H20000398349 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nickolas Monteiro Baptista	875 NW 13TH ST # 411	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicole Monteiro Baptista	875 NW 13TH ST # 411	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 NOV 18 AM 12

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Multiple horizontal lines for amending information.

2020 NOV 18 AM 9:12

FILED

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 November 06, 2020

Signature of a member or authorized representative of a member

MONTEIRO, THEREZINHA N

Typed or printed name of signer

Filing Fee: \$25.00