

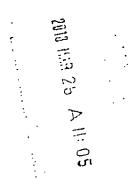
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

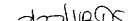
Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

	RICAN INVESTMENTS LLC					
SUBJECT:	Name of Lim	ited Liability Company				
r lease return an correspo	Actine concerning this matter	to the tonowing.				
	ROSLALVES					
		Name of Person	 			
	TAX SOLUTIONS & BOO	OKEEPING LLC				
The enclosed Articles of Please return all corresponding for further information of ROSI ALVES	Firm/Company					
	6220 SOUTH ORANGE BLOSSOM TR - SUITE 100					
		ment and fee(s) are submitted for filing. concerning this matter to the following: SI ALVES Name of Person X SOLUTIONS & BOOKEEPING LLC Firm/Company 0 SOUTH ORANGE BLOSSOM TR - SUITE 100 Address LANDO - FL - 32809 City/State and Zip Code E-mail address: (to be used for future annual report notification) ing this matter, please call: at (407 930-0829 Area Code Daytime Telephone Numl wing amount: 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Certificate of Status Certified Copy Certification Certifica				
	ORLANDO - FL - 32809		2918 H'R 26			
		City/State and Zip Code				
	TAXES.SOLUTIONS100@GMAIL.COM					
	E-mail address: (to be used for future annual report notifi	_			
For further information c	concerning this matter, please ca	nil:	. 0			
ROSI ALVES			(f)			
Name o	of Person		Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:			

Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LV	S AMERICAN INVESTMENTS	SLLC	
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) eany)	
he Articles of Organization for this Limited Lorida document number L17000096237		on05/01/2017	and assigned
nis amendment is submitted to amend the following	lowing:		
. If amending name, enter the new name o	of the limited liability compa	ny here:	
1/A			
ne new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appli	cable: N/A		_
<u> Principal office address MUST BE A STREI</u>	ET ADDRESS)		
nter new mailing address, if applicable: Mailing address MAY BE A POST_OFFICE	N/A		
	-		E)
s. If amending the registered agent and egistered agent and/or the new registered o		ss on our records, ente	er the name of the
. Name of New Registered Agent:	N/A	:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		·	() ()
	Ente	er Florida street address	
		, 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RENATA AMORIN DE SOUZA	2804 POLVADERO LN # 103	B Add
		ORLANDO - FL - 32835N/A	☐ Remove
			☐ Change
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			☐ Change
			Remove
			Change

N/A			-	
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ocument's effective date on the Depa	rtment of State's records.			
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Sig	gnature of a member or authorize	ed representative of a m	eniber	

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Filing Fee: \$25.00

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effectiv	ve date is listed, the	date must be sp	pecific and c	annot be pri	or to date of	filing or mo	re than 90 d	lays after fi	ling.) Pursu	ant to 605.0
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	MARCH 23	Signa	Caste of a m	Que de	orized rep	resentative of	f a membe	r		

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Filing Fee: \$25.00