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(Re	questor's Name)	
(Ad	dress)	
	 	
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(Cit	y/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer	
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COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJE		O ENTERPRISE, LLC		
50051	X.1;	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LEONARDO FIGUEIREI	00	
			Name of Person	
		SOLUTION ADVISING I	LLC	
			Firm/Company	
		5728 MAJOR BLVD - SU	HTE 609	
			Address	<u> </u>
		ORLANDO - FLORIDA -	32819	
			City/State and Zip Code	
		info@solutionadvising.com		
		E-mail address: (to be used for future annual report notit	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
LEON	ARDO FIGUEIR	EDO	407 318-0058	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5,00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORENATO ENTERPRISE, LLC	ny as it now annears on our records)		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Con., any	were filed on 02/09/2018	and assigned	
Florida document number L18000037137			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
the new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:	6435 RANELAGH DR, UNIT 105		
Principal office address MUST BE A STREET ADDRESS)	STONEBRIDGE LAKES, FL 32835		
Enter new mailing address, if applicable:	6435 RANELAGH DR, UNIT 105	. 20	
Mailing address MAY BE A POST OFFICE BOX)	STONEBRIDGE LAKES, FL 32835	120 O	
		CT	
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B. If amending the registered agent and/or register 1 of		the name u th	
egistered agent and/or the new registered office address her	<u>e</u> :	". 	
		- 6	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
	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>	<u>Address</u>	Type of Action
AMBR	NASCIMENTO DOS SANTOS, RENATO	6435 RANELAGH DR. UNIT 105	
		STONEBRIDGE LAKES, FL 32835	□ Remove
			Change
AMBR	CANABARRO DOS SANTOS, LORENA MACHADO	6435 RANELAGH DR. UNIT 105	
		STONEBRIDGE LAKES, FL 32835	Remove
			☐ Change
AMBR	CANABARRO DOS SANTOS.	6435 RANELAGH DR, UNIT 105	
		CTONEBRIDGE LAKES, FL 32835	□ Remove
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record specifies a delayed effectiv The 90th day after the record is file		effective time, at 12:0	1 a.m. on the earlier
ted			
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QUIP.		epresentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00