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Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EXCEL TOTAL BUSINESS
Account Number : I20200000112
Phone : (407)832-4240
Fax Number : (407)832-4240

(407) 612-2313

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

Email Address: TONY@EXCEL TOTAL BUS (NEST).COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOCE SABOR CONFEITARIA, LLC

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FAX: (850) 617-6383

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOCE SABOR CONFEITARIA 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:

HENRIQUE GONCALVES MELLO JR

Name of Person

DOCE SABOR CONFEITARIA LLC

Firm/Company

3120 SOUTH KIRKMAN ROAD - SUITE 11L

Address

ORLANDO, FL 32811

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRIQUE GONCALVES MELLO JR

at (561) 325-3396

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

FAX (850) 617-6383(1)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOCE SABOR CONFEITARIA, 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 02/04/2020 and assigned Florida document number L20000032794.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
OCT 22 2020
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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: HENRIQUE GONCALVES MELLO JR

New Registered Office Address: 3120 SOUTH KIRKMAN RD - SUITE 11L

Enter Florida street address

ORLANDO, Florida 32811

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

FAX (850) 617-6383(2)

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>	<u>Type of Action</u>
MGR	Henrique Goncalves Mello Jr	4794 N.Citation Dr Apt 202	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33445	<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

FAX (850) 617-6383 (3)

