

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L21000233077**

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

From:  
Account Name : SOUSA & ASSOCIATES INC  
Account Number : I20190000111  
Phone : (407)800-7028  
Fax Number : (407)992-9407

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CORREIA FAMILY LLC

Certificate of Status	0
Certified Copy	0
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2022 MAR 28 PM 3:31

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

2022 MAR 28 PM 2:42

FILED

T. LEMIEUX  
MAR 29 2022

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COVER LETTER

TO: Registration Section  
Division of Corporations

CORREIA FAMILY LLC

SUBJECT: \_\_\_\_\_  
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:

Maria C Sousa  
\_\_\_\_\_  
Name of Person

Sousa & Associates Inc  
\_\_\_\_\_  
Firm/Company

5728 Major BLVD Ste 309  
\_\_\_\_\_  
Address

Orlando , FL 32819  
\_\_\_\_\_  
City/State and Zip Code

info@sousaacc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa \_\_\_\_\_ at ( 407 ) \_\_\_\_\_ 800-7028  
Name of Person Area Code Daytime Telephone Number

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CORREIA FAMILY 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 05/14/2021 and assigned Florida document number L21000233077.

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)

7862 W Irlo Bronson Memorial

HWY, Kissimmee, Fl., 34747

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:

Enter Florida street address

City

, Florida

Zip Code

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2022 MAR 28 PM 2:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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