

L22000290364

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

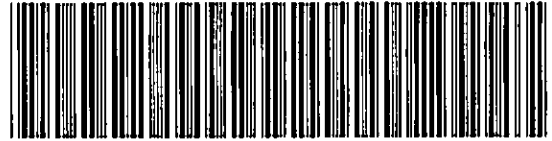
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500399070555

12/13/22--01031--011 \*\*60.00

70265319 000017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLIED MIAMI 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:

CAROLINA NORONHA

Name of Person

MATLUC SERVICES LLC

Firm/Company

2828 CORAL WAY SUITE 308B

Address

CORAL GABLES, FL-33145

City/State and Zip Code

CAROLINA@MATLUC-USA.COM

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

For further information concerning this matter, please call:

CAROLINA NORONHA

Name of Person

at ( 786 )

Area Code

719-4546

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

RECEIVED  
JUN 10 2004

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALLIED MIAMI 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 06/27/2022 and assigned  
Florida document number L22000290364.

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) \_\_\_\_\_

**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: MATLUC SERVICES LLC

New Registered Office Address: 2828 CORAL WAY, SUITE 308B  
Enter Florida street address

CORAL GABLES, Florida 33145  
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>	<u>Type of Action</u>
MGR	STAGNI, SILVIO	10205 NW 19 Street - Suite 100	<input type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FERRAZ ANTUNES, LUIS GUST	10205 NW 19 Street - Suite 100	<input type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SARAIVA OLIVEIRA, DAVI	10205 NW 19 Street - Suite 100	<input type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input checked="" 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

REC'D  
JAN 19 2017

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

2022 DEC 19 PM 3:37  
-S-  
-O-

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 12/15/2022

Signature of a member or authorized representative of a member

**Luis Gustavo Ferraz Antunes**

Typed or printed name of signee

**Filing Fee: \$25.00**