

L2300019654

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000025916 3))



H230000259163ABC

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

From: Account Name : UNION HSA LLC
Account Number : I2015000070
Phone : (954)770-6227
Fax Number : (954)369-4446

2028 JAN 20 AM 11: 27

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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
CARRAPEIRO PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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JAN 23 2023

A. LUNT

2023 3-30

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CARRAPEIRO PROPERTIES 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 01/06/2023 and assigned
Florida document number L23000014634.

This amendment is submitted to amend the following:

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:

4545 Mariners Cove Dr

Principal office address MUST BE A STREET ADDRESS

Wellington, FL 33449

Enter new mailing address, if applicable:

4545 Mariners Cove Dr

Mailing address MAY BE A POST OFFICE BOX

Wellington, FL 33449

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:

4545 Mariners Cove Dr

Enter Florida street address

Wellington

City

Florida 33449

Zip Code

As 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

2023 JAN 20 AM 11:27
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH
FLORIDA

removed from our records:

GR = Manager
MBR = Authorized Member

<u>file</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	FERREIRA CARRAPEIRO, RODI	4545 Mariners Cove Dr	<input type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
GR	DEARAUJO ECARRAPEIRO, MI	4545 Mariners Cove Dr	<input type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JUST CHANGE OF ADDRESS. THANK YOU!!!

2023 JAN 20 AM 11:27

STATE OF MASSACHUSETTS
DEPARTMENT OF STATE

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 January 20, 2023

Signature of a member or authorized representative of a member

Sueiy Oliveira as Designee Appointee

Typed or printed name of signee

Filing Fee: \$25.00