

# L23006201003

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number: (352) 617-6163

From: Account Name: VMI FURNITURE, LLC  
Account Number: 138760000131  
Phone: (407) 351-8258  
Fax Number: (407) 351-2113

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

Email Address: **ALCF@EXCELTOTALBUSINESS.COM**

LLC AMEND/RESTATE/CORRECT OR MISC RESIGN  
AJS VILLAGGIO, LLC

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K. Brumbley

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AJS VILLAGGIO, 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:

ANTONIO CARDOSO  
Name of Person

EXCEL TOTAL BUSINESS  
Firm/Company

7575 KINGSPONTE PARKWAY SUITE#2  
Address

ORLANDO, FL 32819  
City/State and Zip Code

ACCT@EXCELTOTALBUSINESS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO CARDOSO 407 351-6656 X#102  
Name of Person at ( ) 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AJS VILLAGGIO, 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 04/18/2023 and assigned  
Florida document number L23000201003.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3151 Pantanal LN

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee, FL 34747

2023 NOV 17 PM 4:29  
FILED  
APPROVAL AND

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:

EXCEL TOTAL BUSINESS

New Registered Office Address:

7575 Kingspointe Parkway Suite#2

*Enter Florida street address*

Orlando

Florida

32819

*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	Maicon B.Rodrigues Oliveira	1270 Welson Rd	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bruno Cardoso	9470 Prince Harry Drive	<input type="checkbox"/> Add
		Orlando, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carolina da Silva Rocha	1270 Welson Rd	<input type="checkbox"/> Add
		Orlando, FL 32837	<input checked="" 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

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

Large area with horizontal lines, crossed out with a diagonal line from top-left to bottom-right.

E. Effective date, if other than the date of filing: 11/01/2023 (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.

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 Orlando, November 17th, 2023

Handwritten signature of Antonio Cardoso over a horizontal line.

Signature of a member or authorized representative of a member

ANTONIO CARDOSO - Register Agent

Typed or printed name of signee