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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RUBEN TORO PA Account Number : 120220000108 Phone : (407)370-6445 Fax Number : (407)352-0568

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

Email Address: RUBENDTORO CPA @GHAIL. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEIXEIRA & LEITE EMPRENDIMENTOS LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

AUG 2 3 2023

COVER LETTER

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TO: Registration S	Section
Division of Co	orporations 💃 🞉
ਭ ਸੰਝਣਾਤਾ	RA & LEITE EMPRENDIMENTOS LLC
SUBJECT:	
	Name of Limited Liability Company
he enclosed Articles o	of Amendment and fee(s) are submitted for filing.
lease return all corresp	pondence concerning this matter to the following:
	RUBEN TORO
	Name of Person
	RUBEN TORO P.A.
	Firm/Company
	7901 KINGSPOINTE PKWY STE 31
	Address
	ORLANDO, FLORIDA 32819
	City/State and Zip Code
	rubendtorocpa@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
RUBEN TORO	at (

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

TEIXEIRA & LEITE E	ALL MENDINGEN LOS PERC	
(Name of the Limited Liability Compa (A Fiorida Limited I	ny a <u>s it now appears on our records.</u>) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/17/2023	and assigned
lorida document number L23000243125		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company bere:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)	ddress on our records, enter the nam	e of the new regist
• • • • • • • • • • • • • • • • • • • •	ddress on our records, enter the nam	e of the new/regist
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a	ddress on our records, <u>enfer the nam</u>	e of the new/regist
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a	ddress on our records, enter the nam	e of the new regist
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the nam	• • •
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the nam	• • •
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:		* : 22 FH

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>	Name	Address	Type of Action
MBR	Kesia Coelho Nunes Teixeira	1105 SCHULTZ AVE. WINTER PARK, FL 32789	Add
			□Remave
			□ Change
MBR	MARIA Z. TEIXEIRA LEITE	1105 SCHULTZ AVE, WINTER PARK, FL 32789	E Add
			□Remove
		Change	
			□Add
			DRemove
		Change	
			□Add
			Remove
			□Change
			🗆 Add
			Change
			□Add
			□Remove
			[]Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: I	re date, if other than the date of filing:
he record ord is file	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 d.
Dated_	22, AUGUST, 2023
	Signature of a member or authorized representative of a membe:
	ISRAEL AGUIAR LEITE Typed or printed name of signee

(H230002917683)

Filling Fee: \$25.00